

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 02, 2004 8:00 am**  
**Secretary of State**

09-02-2004 90072 022 \*\*\*550.00

**DOCUMENT # F97000002256**



1. Entity Name  
**DELEX SYSTEMS, INCORPORATED**

Principal Place of Business  
**1953 GALLOWS ROAD STE 700  
 VIENNA, VA 22182-3991**

Mailing Address  
**1953 GALLOWS ROAD STE 700  
 VIENNA, VA 22182-3991**

**54071429**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07012004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

**54-0836954**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WIKSTROM, RAY  
 4936 MARINERS PT DRIVE  
 JACKSONVILLE, FL 32225**

Name **John B. Mitchell**

Street Address (P.O. Box Number is Not Acceptable)  
**105 Lagoon Forest Drive**

**Ponte Vedra Bch, Florida 32082**

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

**John B. Mitchell**

SIGNATURE **Dir of Surface Warfare Prog**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*John B. Mitchell* 17 Aug 2004

**FILE NOW!!! FEE IS \$550.00  
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **C PIPER, H L**  
 STREET ADDRESS **2609 STIRRUP LANE**  
 CITY-ST-ZIP **ALEXANDRIA, VA 22308**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D LAUNEY, REUEL O III**  
 STREET ADDRESS **4737 34TH ST**  
 CITY-ST-ZIP **ARLINGTON, VA 22207**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D SHELTON, PAUL J**  
 STREET ADDRESS **11000 OAKTON WOODS WAY**  
 CITY-ST-ZIP **OAKTON, VA 22124**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S BENSING, DONALD R**  
 STREET ADDRESS **3014 HARITAGE FARM COURT**  
 CITY-ST-ZIP **HERNDON, VA 22071**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D BESTE, FREDERICK J III**  
 STREET ADDRESS **1191 JACOBSBURG RD**  
 CITY-ST-ZIP **WIND GAP, PA 18091**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **P DRISCOLL, EDMUND F II**  
 STREET ADDRESS **1500 LINCOLN CIR, #213**  
 CITY-ST-ZIP **MCLEAU, VA 22102**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **3206 Navy Drive**  
 CITY-ST-ZIP **Herndon, VA 20171**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**Donald R. Bensing**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/19/2004**

Date

**703-734-8300**

Daytime Phone #