


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000002256

1. Entity Name
DELEX SYSTEMS, INCORPORATED



Principal Place of Business Mailing Address

1953 GALLOWES ROAD STE 700 1953 GALLOWES ROAD STE 700
 VIENNA, VA 22182-3991 VIENNA, VA 22182-3991

DO NOT WRITE IN THIS SPACE



02112005 No Chg-P CR2E034 (10/03)

4. FEI Number 54-0836954	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, JOHN B
105 LAGOON FOREST DRIVE
PONTE VEDRA BEACH, FL 32082

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PIPER, H L 2609 STIRRUP LANE ALEXANDRIA, VA 22308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUNEY, REUEL O III 4737 34TH ST ARLINGTON, VA 22207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELTON, PAUL J 11000 OAKTON WOODS WAY OAKTON, VA 22124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENSING, DONALD R 3014 HARITAGE FARM COURT HERNDON, VA 22071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BESTE, FREDERICK J III 1191 JACOBSSBURG RD WIND GAP, PA 18091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DRISCOLL, EDMUND F II 3206 NAVY DRIVE HERNDON, VA 20171

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400000249682
 03/03/05-60014-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: *John B Mitchell* Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR