


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90044 004 ***150.00

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1. Entity Name
DELEX SYSTEMS, INCORPORATED



Principal Place of Business 1953 GALLOWES ROAD STE 700 VIENNA, VA 22182-3991	Mailing Address 1953 GALLOWES ROAD STE 700 VIENNA, VA 22182-3991
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DO NOT WRITE IN THIS SPACE

40046047



02262008 No Chg-P CR2E034 (11/05)

4. FEI Number 54-0836954	Applied For Not Applicable
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5. Certificate of Status Desired **\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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. PAUL 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 JACOBURG RD WIND GAP, PA 18091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DRISCOLL, EDMUND F II 3206 NAVY DRIVE HERNDON, VA 20171

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Donald R. Bensing **Donald R. BENSING RVP** 2/26/08 **103-287-3770**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #