

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003837

FILED
Apr 24, 2009
Secretary of State

Entity Name: S.S. PAPADOPULOS & ASSOCIATES, INC.

Current Principal Place of Business:

7944 WISCONSIN AVENUE
BETHESDA, MD 20814

New Principal Place of Business:

Current Mailing Address:

7944 WISCONSIN AVENUE
BETHESDA, MD 20814

New Mailing Address:

FEI Number: 52-1161356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDREWS, CHARLES B
Address: BOX 558
City-St-Zip: GARRETT PARK, MD 20896

Title: VD () Delete
Name: LARSON, STEVEN P
Address: 11703 BLUE SMOKE TRL
City-St-Zip: RESTON, VA

Title: ST () Delete
Name: HENNET, REMY J
Address: 5901 OVERLEA RD
City-St-Zip: BETHESDA, MD 20816

Title: CD () Delete
Name: PAPADOPULOS, STAVROS S
Address: 9744 THE CORRAL DR.
City-St-Zip: POTOMAC, MD 20854

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES B. ANDREWS

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date