


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90333 038 ***150.00

| | |
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| DOCUMENT # F98000004865 |  |
| 1. Entity Name ICF INFORMATION TECHNOLOGY, INC. | |

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|---|---|
| Principal Place of Business 9300 LEE HIGHWAY FAIRFAX, VA 22031-1207 | Mailing Address 9300 LEE HIGHWAY FAIRFAX, VA 22031-1207 |
|---|---|

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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

04082004 Chg-P CR2E034 (10/03)

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|--|--|
| 4. FEI Number 54-1446580 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|--|--|
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | |
|--|--|

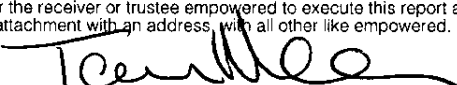
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|--|-------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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| 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 |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | <input type="checkbox"/> Delete |
| NAME | KOLSKY, KENNETH B |
| STREET ADDRESS | 9300 LEE HIGHWAY |
| CITY-ST-ZIP | FAIRFAX, VA 220311207 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | SVP |
| STREET ADDRESS | ANNINOS, PAUL |
| CITY-ST-ZIP | 9300 LEE HWY FAIRFAX, VA 220311207 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | SVP |
| STREET ADDRESS | FAZIO, THOMAS S |
| CITY-ST-ZIP | 9300 LEE HWY FAIRFAX, VA 220311207 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | CFO |
| STREET ADDRESS | STEWART, ALAN |
| CITY-ST-ZIP | 9300 LEE HIGHWAY FAIRFAX, VA 220311207 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | VP |
| STREET ADDRESS | COOK, RANDAL D |
| CITY-ST-ZIP | 9300 LEE HIGHWAY FAIRFAX, VA 220311207 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | TD |
| STREET ADDRESS | MCGOVERN, TERRANCE C |
| CITY-ST-ZIP | 9300 LEE HIGHWAY FAIRFAX, VA 220311207 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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|---|---------------------------------|
| 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. | |
| SIGNATURE:  | Treasurer 4-9-04 (703) 934-3643 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date Daytime Phone # |