2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000000835

FILED Sep 12, 2002 Secretary of State

Entity Name: INFORMATION TECHNOLOGY & APPLICATIONS CORPORATION

	rincipal Place of Business:	New Principal Plac	New Principal Place of Business:		
	PUS COMMONS DR., STE 300 VA 22091				
Current M	lailing Address:	New Mailing Addr	New Mailing Address:		
	PUS COMMONS DR., STE 300 VA 22091				
El Number	: 54-1396449 FEI Number Applied Fo	r() FEI Number Not Applicable()	Certificate of Status Desired ()		
lame and	Address of Current Registered Ag	ent: Name and Address	s of New Registered Agent:		
200 SOU	PORATION SYSTEM TH PINE ISLAND ROAD ION, FL 33324 US				
	named entity submits this statement e e of Florida.	for the purpose of changing its registe	red office or registered agent, or both,		
SIGNATUI					
	Electronic Signature of Registe	ered Agent	Date		
lection Car	ation is eligible to satisfy its Intangible Tax mpaign Financing Trust Fund Contribution S AND DIRECTORS:	().	GES TO OFFICERS AND DIRECTORS		
itle: lame: ddress: city-St-Zip:	P () Delete SCRIVENER, JAMES E 1907 TRUMPET CT. VIENNA, VA	Title: Name: Address: City-St-Zip:	()Change ()Addition		
itle: lame: ddress: city-St-Zip:	V () Delete MOFFITT, DENNIS R 20831 GRAINERY CT ASHBURN, VA	Title: Name: Address: City-St-Zip:	() Change () Addition		
lame: ddress: bity-St-Zip: title: lame: ddress:	MOFFITT, DENNIS R 20831 GRAINERY CT	Name: Address:	() Change () Addition () Change () Addition		
lame: \ddress:	MOFFITT, DENNIS R 20831 GRAINERY CT ASHBURN, VA D () Delete GUERRERI, CARL N 13873 PARK CTR RD	Name: Address: City-St-Zip: Title: Name: Address:			
lame: ddress: bity-St-Zip: litle: lame: ddress: bity-St-Zip: litle: lame: ddress:	MOFFITT, DENNIS R 20831 GRAINERY CT ASHBURN, VA D () Delete GUERRERI, CARL N 13873 PARK CTR RD HERNDON, VA 22071 D () Delete WORTHY, ROBERT M 350 PINEY LANE	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change() Addition		

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.

	Flacture Comments of Committee Office and Discortan		D-1-
SIGNATURE:	DENNIS R. MOFFITT	VP	09/12/2002