

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000835

FILED
Jan 04, 2007
Secretary of State

Entity Name: INFORMATION TECHNOLOGY & APPLICATIONS CORPORATION

Current Principal Place of Business:

1875 CAMPUS COMMONS DR.
SUITE 300
RESTON, VA 20191 US

New Principal Place of Business:

Current Mailing Address:

1875 CAMPUS COMMONS DR.
SUITE
RESTON, VA 20191 US

New Mailing Address:

FEI Number: 54-1396449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P () Delete
Name: SCRIVENER, JAMES E
Address: 1907 TRUMPET CT.
City-St-Zip: VIENNA, VA 22182 US

Title: V () Delete
Name: PIETRAS, PHILIP R
Address: 1875 CAMPUS COMMONS DRIVE, ST 300
City-St-Zip: RESTON, VA 20191 US

Title: D () Delete
Name: GUERRERI, CARL N
Address: 13873 PARK CTR RD
City-St-Zip: HERNDON, VA 22071 US

Title: D () Delete
Name: WORTHY, ROBERT M
Address: 350 PINEY LANE
City-St-Zip: MORRO BAY, CA 93442 US

Title: D () Delete
Name: TROUPS, JOHN M
Address: 1460 WAGGAMAN CIRCLE
City-St-Zip: MCLEAN, VA 22101 US

Title: D () Delete
Name: BETTERTON, THOMAS C
Address: 7977 WELLINGTON DR.
City-St-Zip: WARRENTON, VA

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:

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City-St-Zip:

Title: () Change () Addition
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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 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: PHILIP R. PIETRAS

V.P.

01/04/2007

Electronic Signature of Signing Officer or Director

Date