2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000000835

FILED Jan 23, 2003 Secretary of State

Entity Name: INFORMATION TECHNOLOGY & APPLICATIONS CORPORATION

Current Principal Place of Business:				New Principal Place of Business:			
1875 CAMPUS COMMONS DR., STE 300 RESTON, VA 22091				1875 CAMPUS COMMONS DR. SUITE 300 RESTON, VA 20191 US			
Current Mailing Address:				New Mailing Address:			
1875 CAMPUS COMMONS DR., STE 300				1875 CAMPUS COMMONS DR.			
RESTON, VA 22091				SUITE RESTON, VA 20191 US			
FEI Number: 54-1396449 FEI Number		FEI Number Applied For()	FEI Num	mber Not Applicable ()		Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:		Name and	Address of	f New Registered Agent:	
1200 SOU	ORATION SY TH PINE ISLA ON, FL 33324	ND ROAD					
	named entity of Florida.	submits this statement for the p	urpose of	changing i	ts registered	d office or registered agent, or both,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered Age	ent			Date	
	S AND DIREC) Delete JAMES E		ADDITION Title: Name: Address:			
City-St-Zip: Title: Name: Address: City-St-Zip:	VIENNA, VA V (MOFFITT, DEN 20831 GRAINE ASHBURN, VA			City-St-Zip: Title: Name: Address: City-St-Zip:	VIENNA, VA V MOFFITT, DI 20831 GRAII ASHBURN, V	(X) Change()Addition ENNIS R NERY CT	
Title: Name: Address: City-St-Zip:	D (GUERRERI, C 13873 PARK O HERNDON, VA	CTR RD		Title: Name: Address: City-St-Zip:	GUERRERI, 13873 PARK		
Title: Name: Address: City-St-Zip:	D (WORTHY, ROI 350 PINEY LAI MORRO BAY,	NE		Title: Name: Address: City-St-Zip:	WORTHY, R 350 PINEY L		
Title: Name: Address: City-St-Zip:	TROUPS, JOH) Delete N M ROBESON DR.		Title: Name: Address: City-St-Zip:	TROUPS, JC	AMAN CIRCLE	
Title: Name: Address: City-St-Zip:	D (BETTERTON, 7977 WELLING WARRENTON,			Title: Name: Address:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DENNIS R. MOFFITT V 01/23/2003

DAVID E. BAKER, DIRECTOR 2701 WOODLAKE RD. MITCHELLVILLE, MD 20721