2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000002499

Entity Name: VISTA IT, INC.

FILED Jul 22, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
13450 SUNRISE VALLEY DR SUITE 200 HERNDON, VA 20171			13450 SUNRISE VALLEY DR SUITE 200 HERNDON, VA 20171			
Current Mailing Address:				New Mailing Address:		
13450 SUNRISE VALLEY DR SUITE 200 HERNDON, VA 20171			13450 SUNRISE VALLEY DR SUITE 200 HERNDON, VA 20171			
FEI Number: 54-1935233 FEI Number Applied For () FEI Nu		FEI Nun	mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1200 SOUT PLANTATIO	ORATION SYS TH PINE ISLAN DN, FL 33324	13450 SUNRISE VALLEY DR SUITE 200 1				
in the State		abilities this statement for the part	5030 0	r changing it	.s registered or	nee of registered agent, or both,
SIGNATURE:						
	Electroni	c Signature of Registered Agent				Date
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	WALLACE, STEI 2195 FOX MILL HERNDON, VA	PHEN G RD., SUITE 200 20171		Name: Address: City-St-Zip:	WALLACE, STÉ 13450 SUNRISE HERNDON, VA	PHEN G EVALLEY DR. SUITE 200 20171
Title: Name: Address: City-St-Zip:	CANFIELD, PHIL	LIP t DR., SUITE 6100		Name: Address:	()	Change () Addition
Title: Name: Address: City-St-Zip:	RAUNER, BRUC	E V t DR., SUITE 6100		Name: Address:	()	Change () Addition
Title: Name: Address: City-St-Zip:	LICATA, PETER	J VALLEY DR SUITE 200		Name: Address:	()	Change () Addition
Title: Name: Address: City-St-Zip:	CLARKE, MALCO	OLME VALLEY SUITE 200		Name:	SULLIVAN, GEO	RGE T VALLEY DR SUITE 200
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D () TIMM, DANIEL L 6100 SEARS TO CHICAGO, IL 60	OWER

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: STEPHEN G. WALLACE CFO 07/22/2003