


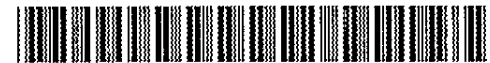
# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F99000003046</b>	
1. Entity Name INDYNE, INC.	

Principal Place of Business 6862 ELM STREET, SUITE 700 MCLEAN, VA 22101	Mailing Address 6862 ELM STREET, SUITE 700 MCLEAN, VA 22101
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**DO NOT WRITE IN THIS SPACE**



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-1395799	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

OLSON, JARVIS L  
248 VIA HARARRE  
MERRIT ISLAND, FL 32953

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000105186 04/07/04-80013-007 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BISHOP, C. DONALD 6862 ELM STREET, SUITE 700 MCLEAN, VA 22101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MILLER, ROBERT 6862 ELM STREET, SUITE 700 MCLEAN, VA 22101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BISHOP, C. DONALD 6862 ELM STREET, SUITE 700 MCLEAN, VA 22101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert K. Miller Robert K. Miller 3/30/04 703 903-6900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2004 MAY 11 2004 3:50 PM 0001 2577 6361