

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90246 042 \*\*\*150.00

**DOCUMENT # F99000006455**



1. Entity Name  
**SYSTEMS APPLICATIONS INTERNATIONAL, INC.**

Principal Place of Business  
**9300 LEE HIGHWAY  
FAIRFAX VA 22031-1207**

Mailing Address  
**9300 LEE HIGHWAY  
FAIRFAX VA 22031-1207**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **54-1770848**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	LINQUTI, PETER	
STREET ADDRESS	9300 LEE HIGHWAY	
CITY-ST-ZIP	FAIRFAX VA 22031	
TITLE	CFOS	<input type="checkbox"/> Delete
NAME	STEWART, ALAN	
STREET ADDRESS	9300 LEE HIGHWAY	
CITY-ST-ZIP	FAIRFAX VA 22031	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCGOVERN, TERRANCE	
STREET ADDRESS	9300 LEE HIGHWAY	
CITY-ST-ZIP	FAIRFAX VA 22031	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HANEY, JAY	
STREET ADDRESS	9300 LEE HIGHWAY	
CITY-ST-ZIP	FAIRFAX VA 22031	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROSENBAUM, ARLENE	
STREET ADDRESS	9300 LEE HIGHWAY	
CITY-ST-ZIP	FAIRFAX VA 22031	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINQUTI, PETER D	
STREET ADDRESS	9300 LEE HIGHWAY	
CITY-ST-ZIP	FAIRFAX VA 22031-1207	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Terrance C. McGovern **REQUIRE** 2/3/03 **Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)