

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90027 025 ****50.00

DOCUMENT # M98000000196					
1. Entity Name POS-TRAC, LLC					
Principal Place of Business 8456 HOLLY LEAF DRIVE MCLEAN, VA 22102			Mailing Address P.O. BOX 9521 MCLEAN, VA 22102		
2. Principal Place of Business 950 Herndon Parkway Suite, Apt. #, etc. Suite 300		3. Mailing Address Suite, Apt. #, etc. City & State Herndon, VA		City & State City & State Zip 20170	
Country USA		Zip 20170		Country USA	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name National Corporate Research, LTD., INC. Street Address (P.O. Box Number is Not Acceptable) 103 N. Meridian Street City Tallahassee	
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.				Applied For Not Applicable	
SIGNATURE: <i>Tami Gerardi</i>				DATE: 4-28-05	
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICHOLS, HENRY R 8456 HOLLY LEAF DR MCLEAN, VA 22102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	950 Herndon Parkway, Suite 300 Herndon, VA 20170	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Henry R. Nichols</i> Manager 4/21/05 (703) 787-8420					