

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001805

FILED
Jul 09, 2007
Secretary of State

Entity Name: CHELONIAN RESEARCH INSTITUTE CORPORATION

Current Principal Place of Business:

402 S. CENTRAL AVE.
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

1900 ORACLE WAY
SUITE 700
RESTON, VA 201904733

New Mailing Address:

FEI Number: 59-3661056 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012699 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TRULAND, ROBERT W
Address: 15800 DARENSTOWN RD.
City-St-Zip: GERMANTOWN, MD 20874

Title: D () Delete
Name: PRITCHARD, PETER
Address: 401 S. CENTRAL AVE.
City-St-Zip: OVIEDO, FL 32765

Title: S () Delete
Name: SAHKUL, SVEN J
Address: 1900 ORACLE WAY, SUITE 700
City-St-Zip: RESTON, VA 201904733

Title: T () Delete
Name: JORDAN, JOHN T
Address: 1900 ORACLE WAY, SUITE 700
City-St-Zip: RESTON, VA 201904733

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MOINI, INGRID A
Address: 1900 ORACLE WAY, SUITE 700
City-St-Zip: RESTON, VA 201904733

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN T. JORDAN, JR

TREA

07/09/2007

Electronic Signature of Signing Officer or Director

Date