

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 05, 2008 08:00 AM  
Secretary of State

DOCUMENT # P09653

1. Entity Name  
ENSCO, INC.



Principal Place of Business

5400 PORT ROYAL RD.  
SPRINGFIELD, VA 22151

Mailing Address

5400 PORT ROYAL RD.  
SPRINGFIELD, VA 22151



03262008

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

54-1250229

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KIRSCHENBAUM, JACK A  
1800 WEST HIBISCUS BLVD.  
STE. 138  
MELBOURNE, FL 32901

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000948718  
06/02/08-80065-026 158.75

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
BROOME, PAUL W III  
3093 WINDSONG DRIVE  
OAKTON, VA 22124

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
MCDONALD, JOANNE  
15824 SHEADS MOUNTAIN RD.  
RIXEYVILLE, VA 22737

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
BOGDANOVIC, MILAN  
5328 CHANDLEY FARM CR.  
CENTREVILLE, VA 20120

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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

MILAN BOGDANOVIC 4-28-08 703-321-4459