

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90267 047 ***158.75

DOCUMENT # P13849	
1. Entity Name DATATEL MINICOMPUTER COMPANY	

Principal Place of Business 4375 FAIR LAKES CT. FAIRFAX, VA 22033-9952	Mailing Address 4375 FAIR LAKES CT. FAIRFAX, VA 22033-9952
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40037504



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04172008 Chg-P CR2E034 (12/06)

4. FEI Number 52-1010011	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		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 _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDGE, JAYNE W	NAME	
STREET ADDRESS	4375 FAIR LAKES CT.	STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX, VA 22033	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCY, VIRGINIA L.	NAME	
STREET ADDRESS	4375 FAIR LAKES CT.	STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX, VA 22033	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEER III, JOHN F	NAME	
STREET ADDRESS	4375 FAIR LAKES CT.	STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX, VA 22033	CITY-ST-ZIP	
TITLE	VDC <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLIDGE, VERNON R JR	NAME	Hollidge, Vernon R JR
STREET ADDRESS	4375 FAIR LAKES CT.	STREET ADDRESS	4375 Fair Lakes Ct.
CITY-ST-ZIP	FAIRFAX, VA 22033	CITY-ST-ZIP	Fairfax, VA 22033
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAVO, ORLANDO	NAME	
STREET ADDRESS	4375 FAIR LAKES CT	STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX, VA 22033	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORAGNE, JOHN	NAME	Boyce, Kevin M
STREET ADDRESS	4375 FAIR LAKES CIR	STREET ADDRESS	4375 Fair Lakes Ct
CITY-ST-ZIP	FAIRFAX, VA 22033	CITY-ST-ZIP	Fairfax, VA 22033

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: Virginia L. Piercy V.P. Virginia L. Piercy 4/17/08 703-968-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #