

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P28182

1. Entity Name
**MANTECH SECURITY & MISSION ASSURANCE
CORPORATION**



Principal Place of Business
**7799 LEESBURG PIKE
SUITE 700 SOUTH
FALLS CHURCH, VA 22043**

Mailing Address
**12015 LEE JACKSON HWY
FAIRFAX, VA 22033**



04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1395845

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME DORLAND, GARY A
STREET ADDRESS 12015 LEE JACKSON HWY
CITY-ST-ZIP FAIRFAX, VA 22033

TITLE D
NAME PEDERSEN, GEORGE J
STREET ADDRESS 12015 LEE JACKSON HWY
CITY-ST-ZIP FAIRFAX, VA 22033

TITLE EVD
NAME COLEMAN, ROBERT A
STREET ADDRESS 12015 LEE JACKSON HWY
CITY-ST-ZIP FAIRFAX, VA 22033

TITLE SV
NAME FITZGERALD, JOHN J
STREET ADDRESS 12015 LEE JACKSON HWY
CITY-ST-ZIP FAIRFAX, VA 22033

TITLE SV
NAME GLABUS, EDMUND M
STREET ADDRESS 12015 LEE JACKSON HWY
CITY-ST-ZIP FAIRFAX, VA 22033

TITLE AS
NAME LANCASTER, CHRISTINA A
STREET ADDRESS 12015 LEE JACKSON HWY
CITY-ST-ZIP FAIRFAX, VA 22033

U00000558298
05/17/06-80089-012 150.00

**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

4/24/06

Date

703-218-6000

Daytime Phone #