

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90197 048 \*\*\*158.75

**DOCUMENT # P29453**

1. Entity Name  
RDR, INC.



Principal Place of Business  
5885 TRINITY PARKWAY  
STE 200  
CENTREVILLE, VA 20120

Mailing Address  
5885 TRINITY PARKWAY  
STE 200  
CENTREVILLE, VA 20120

**50036803**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

54-1384101

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCURDY, JIM  
12424 RESEARCH PARKWAY  
STE 395  
ORLANDO, FL 32826

Name **MCCURDY, JIM**

Street Address (P.O. Box Number is Not Acceptable)  
**12001 RESEARCH PARKWAY**

**SUITE 112**

City **ORLANDO**

FL Zip Code **32826**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing

**\$5.00 May Be**  
Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME SASAI, CALVIN Y.  
STREET ADDRESS 10308 HICKORY FOREST DR  
CITY-ST-ZIP OAKTON, VA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME SASAI, JANE Y.  
STREET ADDRESS 10308 HICKORY FOREST DR  
CITY-ST-ZIP OAKTON, VA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **HARRY THORNSVARD**  
STREET ADDRESS **19903 NAPLES LAKE TERRACE**  
CITY-ST-ZIP **ASHBURN VA 20147**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
NAME **MARY M. POOS**  
STREET ADDRESS **7031 BALMORAL FOREST RD**  
CITY-ST-ZIP **CLIFTON VA 20124**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/05 703 266 4000**

Date

Daytime Phone #