2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P38656

1. Entity Name
EPLUS GROUP, INC.

Principal Place of Business	Mailing Address
400 HERNDON PKWY HERNDON, VA 20170 US	400 HERNDON PKWY HERNDON, VA 20170 US

04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1569467
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000157069
05/06/04-80012-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOWEN, BRUCE M.
STREET ADDRESS	10895 LAKE WINDEMERE DR
CITY-ST-ZIP	GREAT FALLS, VA
TITLE	CEO
NAME	NORTON, PHILLIP G
STREET ADDRESS	11160 CHAIN BRIDGE ROAD
CITY-ST-ZIP	MCLEAN, VA
TITLE	ST
NAME	PARKHURST, KLEYTON
STREET ADDRESS	1348 LANCIA DR
CITY-ST-ZIP	MCLEAN, VA 22100
TITLE	CFO
NAME	MENCARINI, STEVEN J
STREET ADDRESS	1921 BATTEN HOLLOW ROAD
CITY-ST-ZIP	VIENNA, VA 22182
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ CEO 4/27/04 (703)834-5710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #