2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38656

City-St-Zip:

VIENNA, VA 22182

Entity Name: EPLUS GROUP, INC.

FILED Apr 20, 2005 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place of	New Principal Place of Business:	
	OULLES TECH N, VA 20171	INOLOGY DRIVE US	13595 DULLES TECHNO HERNDON, VA 20171	DLOGY DRIVE US	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	OULLES TECH N, VA 20171	INOLOGY DRIVE US	13595 DULLES TECHNO HERNDON, VA 20171	DLOGY DRIVE US	
FEI Number	: 54-1569467	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
1200 SOU	PORATION SY TH PINE ISLA ION, FL 33324	ND ROAD			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered o	ffice or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	BOWEN, BRU	/INDEMERE DR	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	CEO (NORTON, PHIL 11160 CHAIN I MCLEAN, VA		Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	ST (PARKHURST, 1348 LANCIA I MCLEAN, VA	DR .	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address:	MENCARINI, S) Delete TEVEN J HOLLOW ROAD	Title: () Name: Address:	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: STEVEN J. MENCARINI CFO 04/20/2005