2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P38656

Entity Name: EPLUS GROUP, INC.

Current Principal Place of Business:

13595 DULLES TECHNOLOGY DRIVE
HERNDON, VA 20171 US

New Principal Place of Business:

Current Mailing Address:

13595 DULLES TECHNOLOGY DRIVE
HERNDON, VA 20171 US

New Mailing Address:

FEI Number: 54-1569467 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BOWEN, BRUCE M.,
Address: 13595 DULLES TECHNOLOGY DRIVE
City-St-Zip: HERNDON, VA 20171

Title: CEO ( ) Delete
Name: NORTON, PHILLIP G
Address: 13595 DULLES TECHNOLOGY DRIVE
City-St-Zip: HERNDON, VA 20171

Title: ST ( ) Delete
Name: PARKHURST, KLEYTON
Address: 13595 DULLES TECHNOLOGY DRIVE
City-St-Zip: HERNDON, VA 20171

Title: CFO ( ) Delete
Name: MENCARINI, STEVEN J
Address: 13595 DULLES TECHNOLOGY DRIVE
City-St-Zip: HERNDON, VA 20171

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change ( ) Addition
Name: MARION, ELAINE
Address: 13595 DULLES TECHNOLOGY DRIVE
City-St-Zip: HERNDON, VA 20171

Title: SECR ( ) Change (X) Addition
Name: STOECKER, ERICA
Address: 13595 DULLES TECHNOLOGY DRIVE
City-St-Zip: HERNDON, VA 20171

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: ERICA STOECKER SEC 03/24/2009

Electronic Signature of Signing Officer or Director Date