2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38757

Address:

City-St-Zip:

FILED Apr 15, 2005 Secretary of State

| Entity Nar | ne: HEADST | RONG, INC. | | | | | | |
|---|--|---------------------------------------|---------------|---|--|------------------------------------|------------|--|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | | |
| 4035 RIDG SUITE 300 FAIRFAX, | |) | | | | | | |
| Current Mailing Address: | | | | New Maili | New Mailing Address: | | | |
| 4035 RIDG SUITE 300 FAIRFAX, | |) | | | | | | |
| FEI Number: | 54-1253757 | FEI Number Applie | ed For () FE | Number Not Appl | icable () | Certificate of Status Desir | ed () | |
| Name and Address of Current Registered Agent: | | | | Name and | Name and Address of New Registered Agent: | | | |
| 1201 HAYE TALLAHAS | ES ST SSEE, FL 323 named entity of Florida. | | | se of changing it | ts registered | d office or registered agent | , or both, | |
| Electronic Signature of Registered Agent | | | | | Date | | | |
| Election Can | npaign Financin | g Trust Fund Contrib | ution (). | | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | BAULE, JOHN |) Delete OP ROAD,STE. 300 22030 | | Title: Name: Address: City-St-Zip: | T MEHRA, AD 4035 RIDGE FAIRFAX, V | TOP ROAD,STE. 300 | | |
| Title: Name: Address: City-St-Zip: | VALBRUNE, AL | OP ROAD, STE. 300 | | Title: Name: Address: City-St-Zip: | | () Change () Addition | | |
| Title: Name: | (|) Delete | | Title: Name: | P MALHOTRA | () Change (X) Addition , ARJUN | | |

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.

Address:

City-St-Zip:

SIGNATURE: ANGELIQUE HILL **CTLR** 04/15/2005

4035 RIDGE TOP ROAD, STE 300

FAIRFAX, VA 22030