

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90052 013 ***150.00

DOCUMENT # P40200 1. Entity Name MASON ASSOCIATES FINANCIAL, INCORPORATED			
Principal Place of Business 11800 SUNRISE VALLEY DR SUITE 550 RESTON, VA 20191-321 US		Mailing Address 11800 SUNRISE VALLEY DR SUITE 550 RESTON, VA 20191-321 US	
2. Principal Place of Business - No P.O. Box # 11130 Sunrise Valley Dr		3. Mailing Address 11130 Sunrise Valley Dr	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Reston VA		City & State Reston VA	
Zip 20191		Zip 20191	
Country 		Country 	
4. FEI Number 54-1181152		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 the 4 applicable. (NOTE: Registered Agent signature required when resigning.) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PST	NAME MASON, WILLIAM N., III	☐ Delete	
STREET ADDRESS 18110 TURNBERRY DR	☐ Change ☐ Addition		
CITY-STATE-ZIP ROUNDHILL, VA 20141			
TITLE D	NAME MASON, WILLIAM N., III	☐ Delete	
STREET ADDRESS 18110 TURNBERRY DR	☐ Change ☐ Addition		
CITY-STATE-ZIP ROUNDHILL, VA 20141			
TITLE VP	NAME GEORGE, SCOTT S	☐ Delete	
STREET ADDRESS 12453 PLOWNANCE R COURT	☐ Change ☐ Addition		
CITY-STATE-ZIP HERNDON, VA 22070			
TITLE 	NAME 	☐ Delete	
STREET ADDRESS 	☐ Change ☐ Addition		
CITY-STATE-ZIP 			
TITLE 	NAME 	☐ Delete	
STREET ADDRESS 	☐ Change ☐ Addition		
CITY-STATE-ZIP 			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	

40021514

