

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40260

FILED
Apr 27, 2006
Secretary of State

Entity Name: CDM FEDERAL PROGRAMS CORPORATION

Current Principal Place of Business:

14420 ALBEMARLE POINT PLACE
SUITE 210
CHANTILLY, VA 20151 US

New Principal Place of Business:

Current Mailing Address:

14420 ALBEMARLE POINT PLACE
SUITE 210
CHANTILLY, VA 20151 US

New Mailing Address:

FEI Number: 06-1173681

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: PD () Delete
Name: CURTIS, JONATHAN G
Address: 2500 BRENTON POINT DR.
City-St-Zip: RESTON, VA 20191

Title: D () Delete
Name: ANTON, ROBERT J
Address: 85 JERUSALEM ROAD
City-St-Zip: COHASSET, MA 02025

Title: VD () Delete
Name: MALLOY, MICHAEL C
Address: 89 DEERWOOD ROAD
City-St-Zip: LITTLETON, CO 80127

Title: VTS () Delete
Name: MARTIN, DAVID A
Address: 14236 ROCK CANYON DR
City-St-Zip: CENTREVILLE, VA 20121

Title: V () Delete
Name: GOLTZ, ROBERT D
Address: 251 BEACH 131 ST
City-St-Zip: BELLE HARBOR, NY 11694

Title: V () Delete
Name: BILELLO, LOUIS J
Address: 625 S POKEBERRY PLACE
City-St-Zip: JACKSONVILLE, FL 32259

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID A. MARTIN

VP

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date