

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40260

FILED  
Apr 14, 2008  
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  
Name:  
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 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

VTS

04/14/2008

Electronic Signature of Signing Officer or Director

Date