2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P40386 Secretary of State 1. Entity Name 07-12-2005 90039 013 ***150.00 CHASE CONSULTANTS INTERNATIONAL, **INCORPORATED** Principal Place of Business Mailing Address 300 N. WASINGTON ST. 300 N. WASINGTON ST. SUITE 400 SUITE 400 ALEXANDRIA, VA 22314 ALEXANDRIA, VA 22314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 54-1358111 Not Applicable Zìp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 7, 2005 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE P X Delete TITLE ☐ Change ☐ Addition NAME CHASE, PAUL R. NAME STREET ADDRESS 806 S. FAIRFAX ST. STREET ADDRESS CITY-ST-ZIP ALEXANDRIA, VA 22314 CITY-ST-ZIP TITLE ☐ Delete TITLE X Change ☐ Addition KARLSON, WILLIAM E NAME NAME 300 N. Washington Street, Suite 400 STREET ADDRESS 11650 DEADWOOD DRIVE STREET ADDRESS Alexandria, VA 22314 CITY-ST-ZIP **LUSBY, MD 20657** CITY+ST-ZIP CEO P/CEO TITLE ☐ Delete TITLE ☐ Addition NOLAN, PHILIP O NAME NAME STREET ADDRESS 416 TIMBER BRANCH PARKWAY STREET ADDRESS 300 N. Washington Street, Suite 400 CITY-ST-ZIP ALEXANDRIA, VA 22302 CITY-ST-ZIP Alexandria, VA 22314 TITLE ☐ Delete TITLE ☐ Change Addition ZARAMBA, MICHAEL A STREET ADDRESS 300 N. WASINGTON ST. STREET ADDRESS CITY-ST-ZIP ALEXANDRIA, VA 22314 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition TORTI, CHRISTOPHER J NAME NAME 300 N.WASHIGNTON ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALEXANDRIA, VA 22314 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 empowered.

Michael Zaramba, SVP/CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 1

FILED

Jul 12, 2005 8:00 am

703-684-1125

Oavtime Phone #