

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000074099

FILED  
May 17, 2006  
Secretary of State

Entity Name: SIERRA INFORMATION & MANAGEMENT SERVICES, INC.

## Current Principal Place of Business:

3632 SHAMROCK WEST  
TALLAHASSEE, FL 32309 US

## New Principal Place of Business:

## Current Mailing Address:

3632 SHAMROCK WEST  
TALLAHASSEE, FL 32309 US

## New Mailing Address:

700 NORTH WAYNE ST  
302  
ARLINGTON, VA 22201 US

FEI Number: 59-3531443

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RUSSELL, M. DILLON  
3632 SHAMROCK WEST  
TALLAHASSEE, FL 32309 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RACHULAPALLI, SARAT K  
Address: 2439 CORNCRIB CT  
City-St-Zip: HERNDON, VA 20171

Title: V ( ) Delete  
Name: SUTTON, RICHARD  
Address: 116 LAFAYETTE STREET  
City-St-Zip: PAWTUCKET, RI 02860

Title: D (X) Delete  
Name: GUPTA, BODDU  
Address: 714 N WAYNE ST, APT 104  
City-St-Zip: ARLINGTON, VA 22201

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RACHULAPALLI, SARAT K  
Address: 2439 CORNCRIB CT  
City-St-Zip: HERNDON, VA 20171

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: SARAT RACHULAPALLI

P

05/17/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date