


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F04000002040 1. Entity Name MACARTHUR & BAKER INTERNATIONAL, INC.	
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Principal Place of Business 7200 WISCONSIN AVENUE, SUITE 702 BETHESDA, MD 20814	Mailing Address 7200 WISCONSIN AVENUE, SUITE 702 BETHESDA, MD 20814
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**DO NOT WRITE IN THIS SPACE**



03162005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3515788	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTCD KAMYA, JOHN 7200 WISCONSIN AVENUE, SUITE 702 BETHESDA, MD 20814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TCHOUFA, ROGER 7200 WISCONSIN AVENUE, SUITE 702 BETHESDA, MD 20814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AMARQUAYE, MIRANDA 7200 WISCONSIN AVENUE, SUITE 702 BETHESDA, MD 20814
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000000360280  
05/05/05-80028-021 150.00

**DO NOT WRITE IN THIS SPACE**

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 an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: 04/29/05 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR