

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90057 010 ***150.00

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DOCUMENT # F01000000150					
1. Entity Name SCIENCE & ENGINEERING ASSOCIATES, INC.					
Principal Place of Business ONE SUN PLAZA 100 SUN AVENUE NE SUITE 500 ALBUQUERQUE, NM 87109			Mailing Address ONE SUN PLAZA 100 SUN AVENUE NE SUITE 500 ALBUQUERQUE, NM 87109		
2. Principal Place of Business		3. Mailing Address 7918 Jones Branch Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 400			
City & State		City & State McLean, VA		4. FEI Number 85-0280770	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 22102		Country US		Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OLIVER, DANIEL		NAME		
STREET ADDRESS	7918 JONES BRANCH DRIVE SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	MCLEAN, VA 22102		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHANDLER, DOUGLAS		NAME		
STREET ADDRESS	100 SUN AVE NE SUITE 500		STREET ADDRESS		
CITY-ST-ZIP	ALBUQUERQUE, NM 87109		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LESLIE, PAUL		NAME		
STREET ADDRESS	7450-B BOSTON BLVD		STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD, VA 22153		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, SHEILA J		NAME		
STREET ADDRESS	100 SUN AVENUE NE SUITE 500		STREET ADDRESS		
CITY-ST-ZIP	ALBUQUERQUE, NM 87109		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WESTON, THOMAS W		NAME		
STREET ADDRESS	7918 JONES BRANCH DRIVE SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	MCLEAN, VA 22102		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ODEEN, PHIL		NAME		
STREET ADDRESS	7918 JONES BRANCH DRIVE SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	MCLEAN, VA 22102		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Thomas W. Weston, Jr.		1/17/06 703-212-6500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Device Phone #	