

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000002343

**Entity Name:** SYSTEMS PLANNING AND ANALYSIS, INC.**Current Principal Place of Business:**2001 N BEAUREGARD ST  
ALEXANDRIA, VA 22311**Current Mailing Address:**2001 N BEAUREGARD ST  
SUITE 100  
ALEXANDRIA, VA 22311 US**FEI Number:** 52-0956951**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title            PRESIDENT, CEO, DIRECTOR  
Name            VANTINE, WILLIAM  
Address        2001 N BEAUREGARD ST  
City-State-Zip: ALEXANDRIA VA 22311

Title            TREASURER, CFO, SR. VP  
Name            MOON, DARLA  
Address        2001 N BEAUREGARD ST  
City-State-Zip: ALEXANDRIA VA 22311

Title            SECRETARY, SR. VP, COO  
Name            QUIGLEY, JOHN  
Address        2001 N BEAUREGARD ST  
City-State-Zip: ALEXANDRIA VA 22311

Title            DIRECTOR  
Name            WODLINGER, DAVID  
Address        2001 N BEAUREGARD ST  
City-State-Zip: ALEXANDRIA VA 22311

Title            DIRECTOR  
Name            PARKER, WILLIAM  
Address        2001 N BEAUREGARD ST  
City-State-Zip: ALEXANDRIA VA 22311

Title            DIRECTOR  
Name            LUSTBADER, MICHAEL  
Address        2001 N BEAUREGARD ST  
City-State-Zip: ALEXANDRIA VA 22311

Title            DIRECTOR  
Name            HANEY, CECIL  
Address        2001 N BEAUREGARD ST  
City-State-Zip: ALEXANDRIA VA 22311

Title            DIRECTOR  
Name            KEYS, RONALD  
Address        2001 N BEAUREGARD ST  
City-State-Zip: ALEXANDRIA VA 22311

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** LORI HARRELL

VP/CONTROLLER

04/14/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title               DIRECTOR  
Name               RAMUNDO, BEN  
Address            2001 N BEAUREGARD ST  
City-State-Zip:   ALEXANDRIA VA 22311

Title               DIRECTOR  
Name               SAWCHAK, RICHARD  
Address            2001 N BEAUREGARD ST  
City-State-Zip:   ALEXANDRIA VA 22311

Title               VP, CONTROLLER  
Name               HARRELL, LORI  
Address            2001 N BEAUREGARD ST  
City-State-Zip:   ALEXANDRIA VA 22311