2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2025
Secretary of State
7015701396CC

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Entity Name: CASALS & ASSOCIATES, INC.

Current Principal Place of Business:

1700 OLD MEADOW RD
MCLEAN, VA 22102

Current Mailing Address:

1700 OLD MEADOW RD
MCLEAN, VA 22102 US

FEI Number: 52-1635732

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT 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	VICE PRESIDENT AND ASSISTANT SECRETARY
Name	ESPOSITO, MARK
Address	1700 OLD MEADOW RD
City-State-Zip:	MCLEAN VA 22102

Title	TREASURER
Name	HOCKENBERRY, BRIAN
Address	1700 OLD MEADOW RD
City-State-Zip:	MCLEAN VA 22102

Title	VP, TAX
Name	DURVASULA, JAYA
Address	1700 OLD MEADOW RD
City-State-Zip:	MCLEAN VA 22102

Title	ASSISTANT SECRETARY
Name	BYRD, ALEXANDER
Address	1700 OLD MEADOW RD
City-State-Zip:	MCLEAN VA 22102

Title	PRESIDENT
Name	YOUNG, STUART
Address	1700 OLD MEADOW RD
City-State-Zip:	MCLEAN VA 22102

Title	CONTROLLER
Name	HIMMELBERGER, CLINT
Address	1700 OLD MEADOW RD
City-State-Zip:	MCLEAN VA 22102

Title	SECRETARY
Name	COBB, PAUL W. JR.
Address	1700 OLD MEADOW RD
City-State-Zip:	MCLEAN VA 22102

Title	DIRECTOR
Name	YOUNG, STUART
Address	1700 OLD MEADOW RD
City-State-Zip:	MCLEAN VA 22102

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: MARK ESPOSITO — AUTHORIZED REPRESENTATIVE — 04/02/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	AUTHORIZED REPRESENTATIVE
Name	ESPOSITO, MARK
Address	1700 OLD MEADOW RD
City-State-Zip:	MCLEAN VA 22102