RI SOS Filing Number: 200700847440 Date: 09/27/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

$50.00 V

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
(401 222-3040)

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

ling Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty [redacted]*

1. Corporate ID No.	2. Name of Corporation
000094796	RGII Technologies Inc.

3. Street Address Principal Business Office	City	State	Zip
9713 Key West Ave Ste 400	Rockville	MD	20850

4. Business Phone No.	5. State of Incorporation
240-425-4200	Delaware

6. Brief Description of the Character of Business Conducted in Rhode Island:
IT Systems Integration

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
William Strang	Leslie Rosenthal
Street Address: 9713 Key West Ave Ste 400	Street Address: 9713 Key West Ave Ste 400
City: Rockville State: MD Zip: 20850	City: Rockville State: MD Zip: 20850
Secretary Name	~~Treasurer Name~~ CFO: James M. Dean
Street Address	Street Address: 9713 Keywest Ave Ste 400
City State Zip	City: Rockville State: MD Zip: 20850

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **10. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
ϕ			ϕ		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted] [redacted]

FILED
File Date: SEP 27 2007
Check No. By 038045
By: 1:02
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature: [signature] Date: 09/06/07

James M Dean
Print or Type Name

[redacted] EVP, CFO
Title

Form 630 Rev. 12-06

13914-2-174619