

6. Brief Description of the Character of Business Conducted in Rhode Island

2. Name of Corporation

1. Corporate ID No.

4. Business Phone No. 703-6 A. Ralph Mollis, Secretary of State Corporations Division. 148 W. River Street Providence, RI 02904-2615 401,222,3040

22030

State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing 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(e) discontinuous di subject to a penalty fee of \$25.00.

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	RESSES OF THE OFF	ICERS: ("X" BOX FOR ATTA		SPACES BEFORE USING	ATTACHMENTS
President Name Michael Cordan			Philippa Fewell		
Street Address 4100 Monument Corner Dr. Ste 400			H100 Monument Corner Dr. Ste 400		
on fax	State V M	- 2030	Fairfax	State VA	22030
Secretary Name		0 -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Treasurer Name	•••••••••••••••••••••••••••••••••••••••	
Street Address			Strew Address		
Сііу	State	Zip	CH):	State	<i>7.ip</i>)
	RESSES OF THE DIR	ECTORS: ("X" BOX FOR ATT	, —	l N SPACES BEFORE USIN	NG ATTACHMENTS
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City:	State	
Director Name	***************************************		Director Name		무 함께
Street Address			Street Address		
City	State	Zip	CHE	State	7/3 00 G
9. SHARES AUTHORI	IZED	1	10. SHARES ISSUED	("X" BOX FOR ATTAC	HMENT)
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of			ISSUED SHARES — THIS SE Number of Shares	Class/Series	Par Value
			None		
instruction sheet.		,	NOVIC		
This report must be ex	xecuted on behalf of t	he corporation by an authorize] d representative. If the c	corporation is in the hand	Is of a receiver or trustee.
		ne corporation by the receiver of			
		FILED			
		FEB 19 2000	Under penalty of princluding any according	ompanying schedules and st	
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File Date	10:11HA 61	FEB 19 2009	Signature	ompanying schedules and st treative and correct.	
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Check No.	<u> </u>	FEB 19 2009	Signature MICHAE Print or Type Name Pres sees	ompanying schedules and st treative and correct.	that I have examined this report, atoments, and that all statements $2/6/05$
Check No.	LO:IIHW 6	FEB 19 2009	Signature MICUSE Print or Type Name	ompanying schedules and st treative and correct.	atements, and that all statements

C. C. PACE SYSTEMS, INC.

CORPORATE ID #: 136794

FORM 6300: ATTACHMENT

SECTION: 7

Joanie Cassens. Vice President 4100 Monument Corner Drive, Suite 400 Fairfax, VA 22030

Craig Hughes, Vice President 4100 Monument Corner Drive, Suite 400 Fairfax, VA 22030