

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006394

FILED
Mar 31, 2009
Secretary of State

Entity Name: ERICSSON FEDERAL INC.

Current Principal Place of Business:

10500 LITTLE PATUXENT PARKWAY
SUITE 400
COLUMBIA, MD 21044

New Principal Place of Business:

1595 SPRING HILL RD
SUITE 500
VIENNA, VA 22182

Current Mailing Address:

10500 LITTLE PATUXENT PARKWAY
SUITE 400
COLUMBIA, MD 21044

New Mailing Address:

1595 SPRING HILL RD
SUITE 500
VIENNA, VA 22182

FEI Number: 25-1744631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLZ DR STE AOAD
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLZ DR STE A
TALLAHASSEE, FL 32301 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: _____

03/31/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HEFLEBOWER, CHARLES R
Address: 10500 LITTLE PATUXENT PARKWAY SUITE 400
City-St-Zip: COLUMBIA, MD 21045

Title: PCEO () Delete
Name: SMITH, DOUGLAS C
Address: 6300 LEGACY DRIVE
City-St-Zip: COLUMBIA, MD 21044

Title: VPSD () Delete
Name: FITZPATRICK, JAMES
Address: 10500 LITTLE PATUXENT PKWY, STE 400
City-St-Zip: COLUMBIA, MD 21044

Title: CFO () Delete
Name: THOMPSON, DAVID
Address: 10500 LITTLE PATUXENT PKWY, STE 400
City-St-Zip: COLUMBIA, MD 21044

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMITH, DOUGLAS C
Address: 1595 SPRING HILL RD SUITE 500
City-St-Zip: VIENNA, VA 22182

Title: SCFO (X) Change () Addition
Name: THOMPSON, DAVID
Address: 1595 SPRING HILL RD SUITE 500
City-St-Zip: VIENNA, VA 22182

Title: D (X) Change () Addition
Name: RUIZ, ANGEL
Address: 6300 LEGACY DR
City-St-Zip: PLANO, TX 75024

Title: D (X) Change () Addition
Name: NILSSON, EMIL
Address: 6300 LEGACY DR
City-St-Zip: PLANO, TX 75024

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID THOMPSON

CFO

03/31/2009

Electronic Signature of Signing Officer or Director

Date