


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90341 046 ***150.00

DOCUMENT # F0000006394	
1. Entity Name MARCONI COMMUNICATIONS FEDERAL, INC.	

Principal Place of Business 1000 MARCONI DRIVE WARRENDALE, PA 15086	Mailing Address 1000 MARCONI DRIVE WARRENDALE, PA 15086
---	---

20048755



2. Principal Place of Business 10500 LITTLE PATUXENT PKWY SUITE 400	3. Mailing Address 10500 LITTLE PATUXENT PKWY SUITE 400
---	---

01252005 Chg-P CR2E034 (10/03)

City & State COLUMBIA, MD	City & State COLUMBIA, MD	4. FEI Number 25-1744631	Applied For <input type="checkbox"/> Not Applicable
Zip 21044	Country USA	Zip 21044	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAVENS, RALPH S 5457 TWIN KNOLLS ROAD COLUMBIA, MD 21045 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOLOSARY, GERALD F 5457 TWIN KNOLLS ROAD COLUMBIA, MD 21045 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKENEY, DAVID L 1000 MARCONI DRIVE WARRENDALE, PA 15086 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAJER, JOSEPH S 1000 MARCONI DRIVE WARRENDALE, PA 15086 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORSEN, HOWARD B 5457 TWIN KNOLLS ROAD COLUMBIA, MD 21045 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVINE, JOHN P 5457 TWIN KNOLLS ROAD COLUMBIA, MD 21045 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HAVENS, RALPH F 10500 LITTLE PATUXENT PKWY - STE 400 COLUMBIA, MD 21044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10500 LITTLE PATUXENT PKWY - STE 400 COLUMBIA, MD 21044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3000 MARCONI DRIVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D DOY, GEOFFREY 3000 MARCONI DRIVE WARRENDALE, PA 15086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10500 LITTLE PATUXENT PKWY - STE 400 COLUMBIA, MD 21044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10500 LITTLE PATUXENT PKWY - STE 400 COLUMBIA, MD 21044

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **April 6, 2005** **(630) 285-5303**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #