


FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90255 047 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

60035704



DOCUMENT # F0000006394			
1. Entity Name MARCONI COMMUNICATIONS FEDERAL, INC.			
Principal Place of Business 10500 LITTLE PATUXENT PARKWAY SUITE 400 COLUMBIA, MD 21044		Mailing Address 10500 LITTLE PATUXENT PARKWAY SUITE 400 COLUMBIA, MD 21044	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ DATE _____ <small>Signature typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAVENS, RALPH S 10500 LITTLE PATUXENT PKWY, STE 400 COLUMBIA, MD 21044 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOLOSARY, GERALD F 10500 LITTLE PATUXENT PKWY, STE 400 COLUMBIA, MD 21045 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/DIRECTOR MICHAEL K. WASNO 10500 LITTLE PATUXENT PKWY, STE 400 COLUMBIA, MD 21045 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKENEY, DAVID L 3000 MARCONI DRIVE WARRENDALE, PA 15086 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOSEPH FERRARA 10500 LITTLE PATUXENT PKWY, STE 400 COLUMBIA, MD 21045 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOY, GEOFFREY 3000 MARCONI DRIVE WARRENDALE, PA 15086 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DOUGLAS C. SMITH 6300 LEGACY DR PLANO, TX 75024 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORSEN, HOWARD B 10500 LITTLE PATUXENT PKWY, STE 400 COLUMBIA, MD 21044 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVINE, JOHN P 10500 LITTLE PATUXENT PKWY, STE 400 COLUMBIA, MD 21044 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Ralph S Havens</i></u>		Date: <u>4/26/06</u> Daytime Phone # <u>(703) 245-4514</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	