


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

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
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04092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 25-1744631	Applied For Not Applicable
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

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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, 2007 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	PD HAVENS, RALPH S 10500 LITTLE PATUXENT PKWY, STE 400 COLUMBIA, MD 21044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WASNO, MICHAEL K 10500 LITTLE PATUXENT PARKWAY SUITE 400 COLUMBIA, MD 21045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRARA, JOSPEH 10500 LITTLE PATUXENT PARKWAY SUITE 400 COLUMBIA, MD 21045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DOUGLAS C 6300 LEGACY DRIVE PLANO, TX 75024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORSEN, HOWARD B 10500 LITTLE PATUXENT PKWY, STE 400 COLUMBIA, MD 21044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVINE, JOHN P 10500 LITTLE PATUXENT PKWY, STE 400 COLUMBIA, MD 21044

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U00000722682
 05/02/07-80042-001 150.00

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: _____ DATE: 9/10/07 DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR