

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003043

FILED
Mar 08, 2010
Secretary of State

Entity Name: NORTEL GOVERNMENT SOLUTIONS INCORPORATED

Current Principal Place of Business:

12730 FAIR LAKE CIRCLE
FAIRFAX, VA 22033

New Principal Place of Business:

Current Mailing Address:

12730 FAIR LAKE CIRCLE
FAIRFAX, VA 22033

New Mailing Address:

FEI Number: 54-1339972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO
Name: KENNEDY, KEVIN COB
Address: 211 MT AIRY ROAD
City-St-Zip: BASKING RIDGE, NJ 07920

Title: VP
Name: HAMILTON, SCOTT
Address: 211 MT AIRY ROAD
City-St-Zip: BASKING RIDGE, NJ 07920

Title: S
Name: SZEREMETA, STEPHEN CLO
Address: 12730 FAIR LAKE CIRCLE
City-St-Zip: FAIRFAX, VA 22033

Title: AT
Name: BRACCI, STEVEN
Address: 12730 FAIR LAKE CIRCLE
City-St-Zip: FAIRFAX, VA 22033

Title: AS
Name: FISH, PETER
Address: 12730 FAIR LAKE CIRCLE
City-St-Zip: FAIRFAX, VA 22033

Title: AS
Name: ALDERETE, ALBERT
Address: 12730 FAIR LAKES CIRCLE
City-St-Zip: FAIRFAX, VA 22033

I hereby 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 all other like empowered.

SIGNATURE: PETER A FISH

AS

03/08/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date