

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001529

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: BAUM, ROMSTEDT TECHNOLOGY RESEARCH CORPORATION

**Current Principal Place of Business:**

8260 WILLOW OAKS CORPORATE DR., SUITE 800  
FAIRFAX, VA 22031

**New Principal Place of Business:**

**Current Mailing Address:**

8260 WILLOW OAKS CORPORATE DR., SUITE 800  
FAIRFAX, VA 22031

**New Mailing Address:**

FEI Number: 54-1338885

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., STE. 4  
WESTON, FL 33331 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: PRES ( ) Delete  
Name: SCOTT, CRAIG  
Address: 8260 WILLOW OAKS CORPORATE DR., SUITE 800  
City-St-Zip: FAIRFAX, VA 22031

Title: VP ( ) Delete  
Name: OLIVER, DENISE  
Address: 8260 WILLOW OAKS CORPORATE DR., SUITE 800  
City-St-Zip: FAIRFAX, VA 22031

Title: DIR ( ) Delete  
Name: VILLA, CHRISTINE  
Address: 8260 WILLOW OAKS CORPORATE DR., SUITE 800  
City-St-Zip: FAIRFAX, VA 22031

Title: COO ( ) Delete  
Name: MCDONALD, LARRY  
Address: 8260 WILLOW OAKS CORPORATE DR., SUITE 800  
City-St-Zip: FAIRFAX, VA 22031

Title: CEO ( ) Delete  
Name: THOMAS, THERESA  
Address: 8260 WILLOW OAKS CORP DR, STE 800  
City-St-Zip: FAIRFAX, VA 22031

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DENISE OLIVER

CBO

02/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date