

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004777

FILED
Apr 29, 2009
Secretary of State

Entity Name: DATA SYSTEMS ANALYSTS, INC.

Current Principal Place of Business:

8 NESHAMINY INTREPLEX, SUITE 209
TREVOSE, PA 19053

New Principal Place of Business:

Current Mailing Address:

8 NESHAMINY INTREPLEX, SUITE 209
TREVOSE, PA 19053

New Mailing Address:

FEI Number: 22-1728863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CP () Delete
Name: PIERCE, FRANCES
Address: 8 NESHAMINY INTREPLEX, SUITE 209
City-St-Zip: TREVOSE, PA 19053

Title: DT () Delete
Name: MECAUGHEY, WILLIAM
Address: 8 NESHAMINY INTREPLEX, SUITE 209
City-St-Zip: TREVOSE, PA 19053

Title: DV () Delete
Name: SALOMON, ROGER
Address: 8 NESHAMINY INTREPLEX, SUITE 209
City-St-Zip: TREVOSE, PA 19053

Title: S (X) Delete
Name: ARMS, POWELL
Address: 10400 EATON PLACE, SUITE 500
City-St-Zip: FAIRFAX, VA 22030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: SALOMON, ROGER
Address: 8 NESHAMINY INTREPLEX, SUITE 209
City-St-Zip: TREVOSE, PA 19053

Title: S (X) Change () Addition
Name: ARMS, POWELL
Address: 10400 EATON PLACE, SUITE 500
City-St-Zip: FAIRFAX, VA 22030

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: ROGER SALOMON

DV

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date