

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004777

FILED  
Apr 12, 2010  
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  
**Name:** PIERCE, FRANCES  
**Address:** 8 NESHAMINY INTREPLEX, SUITE 209  
**City-St-Zip:** TREVOSE, PA 19053

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

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

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: ROGER SALOMON

DV

04/12/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date