

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004739

FILED
Apr 04, 2006
Secretary of State

Entity Name: INSLOGIC CORPORATION

Current Principal Place of Business:

ONE INSLOGIC WAY
OAK RIDGE, TN 37830

New Principal Place of Business:

Current Mailing Address:

1680 CAPITAL ONE DRIVE
ATTN: NUTAN SINHA
MCLEAN, VA 22102

New Mailing Address:

FEI Number: 75-2834361 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 () Delete
Name: KLANE, LARRY A
Address: 1680 CAPITAL ONE DRIVE
City-St-Zip: MCLEAN, VA 22102

Title: CFO () Delete
Name: FONDACO, SALVATORE
Address: 1680 CAPITAL ONE DRIVE
City-St-Zip: MCLEAN, VA 22102

Title: SEC () Delete
Name: BORCHERT III, FRANK R
Address: 1680 CAPITAL ONE DRIVE
City-St-Zip: MCLEAN, VA 22102

Title: ASEC () Delete
Name: TRAUB, JEAN K
Address: 1680 CAPITAL ONE DRIVE
City-St-Zip: MCLEAN, VA 22102

Title: D () Delete
Name: KLANE, LARRY A
Address: 1680 CAPITAL ONE DRIVE
City-St-Zip: MCLEAN, VA 22102

Title: D () Delete
Name: PERLIN, GARY
Address: 1680 CAPITAL ONE DRIVE
City-St-Zip: MCLEAN, VA 22102

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:

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Address:
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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 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: JEAN TRAUB

AS

04/04/2006

Electronic Signature of Signing Officer or Director

_____ Date