Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

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Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

OS NOV-2

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)	The first of the way in the first
Check if this is an Amended Registration 2. House Identification Number	
REGISTRANT 3. Registrant name 2 ST Century Lov	bying, Inc.
Address 6307 MT. Branch Co.	JrT
city Bethesda	State WD Zip 2081
4. Principal place of business (if different from line 3) City	State/Zip (or Country)
5. Telephone number and contact name (202) 659 - 2979 Contact Tive	n Albertine E-mail (optional) JAV
6. General description of registrant's business or activities Lobby Firm	
CLIENT A Lobbying firm is required to file a separate registration for labeled "Self" and proceed to line 10. Self 7. Client name DLT Solutions, In	•
Address 13861 Sunrise VAlley	
City Herndon	State VA Zin 2012 1
8. Principal place of business (if different from line 7) City	State/Zip (or Country)
9. General description of client's business or activities SOFTWARE ReselleR	•
LOBBYISTS 10. Name of each individual who has acted or is expected to act in this section has served as a "covered executive branch offic acting as a lobbyist for the client, state the executive and/or leading to the client.	rial" or "covered legislative branch official" within tw
Name	Covered Official Position (if applicable)
JAMES J. HIBERTINE	

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Form LD-1 (Rev. 04/03	3)		•				

Registrant Name Century	Lobbying, I	Client Name DLT	Solutions, In			
LOBBYING ISSUES 11. General lobbying issue areas. Selections of the selection of the selec	ect all applicable cod	es listed in instructions and on t	he reverse side of Form LD-1			
SCI						
12. Specific lobbying issues (current Tssues Affecting	and anticipated)	Coff was	Draducts			
Tosues Attaction to the Federa			7 0200 10			
AFFILIATED ORGANIZ 13. Is there an entity other than the a semiannual period and in who ■ No ➡ Go to line 14.	client that contribu le or in major part p	tes more than \$10,000 to the legions, supervises or controls the Complete the rest of this s	e registrant's lobbying activi			
	criteria above, then proceed to line 14.					
Name		Address	Principal Place of Bu (city and state or cour			
nlA			* * * * * * * * * * * * * * * * * * * *			
A SAME AND S			والإستاد وأواد			
b) directly or indirectly, activities of the client	in whole or in majo or any organization ient or any organiza	the client or any organization r part, plans, supervises, contro identified on line 13; OT ition identified on line 13 and l	ols, directs, finances or subs			
No ⇔ Sign and date the reg	istration.		ne rest of this section for each criteria above, then sign a			
Name	Address	Principal place of business (city and state or count	Amount of contribution for lobbying activities			
Barry MI	Reture		Ont 15 10			

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Printed Name and Title TAMES J. Albertine, President

Form LD-1 (Rev. 04/03)