2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# F01000006371

Entity Name: GATE SAFE, INC.

Current Principal Place of Business:

11710 PLAZA AMERICA DR
SUITE 800
RESTON, VA 20190

New Principal Place of Business:

Current Mailing Address:

11710 PLAZA AMERICA DR
SUITE 800
RESTON, VA 20190

New Mailing Address:

FEI Number: 62-1870344 **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: CD ( ) Delete
Name: SIEGEL, DAVID N
Address: 11710 PLAZA AMERICA DR SUITE 800
City-St-Zip: RESTON, VA 20190

Title: PD ( ) Delete
Name: DIDION, KEVIN
Address: 11710 PLAZA AMERICA DR STE800
City-St-Zip: RESTON, VA 20190

Title: TS ( ) Delete
Name: GOEKE, DOUG
Address: 11710 PLAZA AMERICA DR STE 800
City-St-Zip: RESTON, VA 20190

Title: T ( ) Delete
Name: LYTTON, ROBIN
Address: 11710 PLAZA AMERICA DR STE 800
City-St-Zip: RESTON, VA 20190

Title: S ( ) Delete
Name: STONE, SUSAN J
Address: 111710 PLAZA AMERICA DR STE 800
City-St-Zip: RESTON, VA 20190

Title: T ( ) Delete
Name: O'DONNELL, SCOTT
Address: 11710 PLAZA AMERICA DR SUITE 800
City-St-Zip: RESTON, VA 20190

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:

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: SUSAN STONE S 04/16/2008

Electronic Signature of Signing Officer or Director — Date