2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 25, 2008 08:00 AN Secretary of State DOCUMENT # F94000003118 1. Entity Name INFILCO DEGREMONT, INC. Principal Place of Business Mailing Address 8007 DISCOVERY DRIVE PO BOX 71390 RICHMOND VA 23255-1390 US RICHMOND VA 23229 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 22-2023093 Not Applicable Ζiρ Country -Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent algorithms required when reinstalling) DATE FILE NOW IL FEE AS S 1 50:00% ELSE After May 1 2008 Fee Will Be S 550 00 A 524 Check Rayable to Florida Gepartment of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD Delete TITLE Change Addition LUCY, VERNON D III NAME NAME STREET ADDRESS 8007 DISCOVERY DRIVE STREET ADDRESS U00000837451 CITY-ST-ZIP RICHMOND VA 23229 CITY-ST-ZIP CEO ☐ Delete ☐ Change TITLE Addition NAME BHAN, SHYAM NAME STREET ADDRESS 8007 DISCOVERY DRIVE STREET ADDRESS CITY-ST-ZIP RICHMOND VA 23229 CITY-ST-ZIP TITLE S ☐ Delete TITLE ☐ Change ☐ Addition NAME BROWN, JAMES NAME STREET ADDRESS 8007 DISCOVERY DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA 23229 CFOT TITLE Delete -☐ Change ☐ Addition PURON, STEPHANE NAME NAME STREET ADDRESS 8007 DISCOVERY DRIVE STREET ADDRESS RICHMOND VA 23229 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11

if changed, or on an attachment with an address, with all other like empowered.

FILED.