2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 17, 2006 8:00 am Secretary of State **DOCUMENT #F97000003588** 1. Entity Name 01-17-2006 90244 046 ***150.00 VMS MAINTENANCE SYSTEMS, INC. Principal Place of Business Mailing Address 203 EAST CARY STREET 203 EAST CARY STREET SUITE 200 SUITE 200 RICHMOND, VA 23219 RICHMOND, VA 23219 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 54-1769861 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D Director TITLE ☐ Delete TITLE Change Addition MASUCCI, NICHOLAS J NAME NAME Allyn Taylor STREET ADDRESS 100 HALSTEAD STREET STREET ADDRESS 100 N. Glebe Road, Suite 200 CITY-ST-ZIP EAST ORANGE, NJ 07018 CITY-ST-ZIP Arlington, VA 22201 **PCEO** TITLE ☐ Defete TITLE Change ☐ Addition HERLICH, RICHARD S NAME NAME 203 EAST CARY STREET, SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RICHMOND, VA 23219 CITY-ST-ZIP TITLE ☐ Detete TITLE Change Change ☐ Addition SACKS, BERNARD NAME STREET ADDRESS 100 HALSTEAD STREET STREET ADDRESS CITY-ST-7IP EAST ORANGE, NJ 07018 CITY-ST-7IP VPT TITLE ☐ Delete TITLE ☐ Change ■ Addition BAKER, KENNETH E NAME NAME 203 EAST CARY STREET, SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RICHMOND, VA 23219 ☐ Delete TITLE MLE ☐ Change ☐ Addition PROSSER, JOHN NAME NAME STREET ADDRESS 1111 S ARROYO PKWY STREET ADDRESS CITY-ST-ZIP PASADENA, CA 91105 CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition WOLFF, DERISH NAME 100 HALSTED STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EAST ORANGE, NJ 07018 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

SIGNATURE:

804-261-8000

Daytime Phone #

FILED