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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Apr 26, 2001 8:00 am Secretary of State DOCUMENT # F9700005054 1. Entity Name EXPLUS, INC. 04-26-2001 90238 010 ***150.00 Principal Place of Business Mailing Address 44156 MERCURE CIRCLE 44156 MERCURE CIRCLE STERLING VA 20166 STERLING VA 20166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 54-1222502 Not Applicable Zip Country Zip 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution, Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE Bur+ Duncan T BURT, DUNCAN T NAME NAME 44156 MERCURE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STERLING VA 20166 ☐ Delete TITLE Change Addition TITLE BEACH, RONALD L NAME NAME STREET ADDRESS STREET ADDRESS 44156 MERCURE CIRCLE CITY-ST-ZIP CITY-ST-ZIP STERLING VA 20166 TITLE Delete Addition TITLE MACKICHAN, ROBERT C NAME NAME STREET ADDRESS 44156 MERCURE CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STERLING VA 20166 TITLE ☐ Delete TITLE ☐ Change ☐ Addition ANDREWS, LORRIE T NAME NAME 44156 MERCURE CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STERLING VA 20166 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 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on ap attachment with an address, with all other like empowered.

prriet. Andrews 4-17-01