2004 FOR PROFIT CORPORATION

REINSTATEMENT												
DOCUMENT # F9900003791  1. Entity Name VASTERA INC.						FILE 05 JAN 27 AM						
Principal Place of Business 45025 AVIATION DRIVE SUITE 200 DULLES, VA 20166-7554 US			Mailing Address 45025 AVIATION DRIVE SUITE 200 DULLES, VA 20166-7554 US				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business			3. Mailing Address			•						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				10202004	REIN-P	CR2E	098 (6/04)	<u> MKD</u>	
City & State			City & State				4. FEI Number         Applied For           54-1616513         Not Applicable					
Zip 	Country		Zip				5. Certificate of Status Desired Fee Rec			\$8.75 Add Fee Require		
	6. Name	and Address of Current F	Registered Agent	Name	7. Name and Address of New Registered Agent							
PLANTAT	ISLAND ROAD 13324		Street Address (P.O. Box Number is Not Acceptable)  City  FL 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 profiled name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.												
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TITLE	DCEO	OFFICERS AND I	DIRECTORS Delet	e TITL		Time	ADDITIONS/C Caidles, Ca Hay Daves	HANGES TO OFF	ICERS AND	DIRECTOR  Change	S IN 11  Addition	
NAME STREET ADDRESS CITY-ST-ZIP		, MARK (IATION DRIVE, SUITE : VA 201667554		EET ADDRESS '- ST-ZIP	4502	s Aviato	20100 222					
TITLE	s		e TITL	E		indice, Curp			☐ Change	Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	45025 AV	MARIA VIATION DRIVE, SUITE : VA 201667554	Defet	NAM		<b>A101</b>	ert megale a Aviation		le 200.		Addition	
12. I hereby certify that the information supplied with this filing 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.												
SIGNAT	SIGNATURE: But Benefitten - Brian D. Henderson, Chief Course 17/17/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Destine Provide											

(-12)661-9006

292

## **VASTERA**

January 5, 2005

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**Entity Name: VASTERA INC** 

FEIN: 54-1616513

## To Whom It May Concern:

Please waive the penalty - in accordance with s.607.193(2)(b), F.S. - as Vastera, Inc.did not receive the uniform business report. If you have any questions, please feel free to call. Thank you for your time.

Sincerely,

David Clague Vastera, Inc.

45025 Aviation Dr.

Ste. 300 Dulles, VA 20166-7554

Phone: 703-661-9006