2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State
08-18-2003 90172 026 ***550.00

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DOCUMENT # F99000003791

1. Entity Name
VASTERA INC.

Principal Place of Business	Mailing Address
45025 AVIATION DRIVE. SUITE 200 DULLES VA 20166-7554	45025 AVIATION DRIVE. SUITE 200 DULLES VA 20166-7554

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
45025 Aviation Drive	45025 Aviation Drive
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Dulles, VA	City & State: Dulles, VA
Zip: 20166-7554 Country: U.S.	Zip: 20166-7554 Country: U.S.

4. FEI Number 54-1616513 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name: CT Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road City: Plantation FL Zip Code: 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO RISHI, AOUN 45025 AVIATION DRIVE, SUITE 200 DULLES VA 20166-7554	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO Ferrer, Mark 45025 Aviation Drive, Suite 200 Dulles, VA 20166-7554	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HENDERSON, BRIAN 45025 AVIATION DRIVE, SUITE 200 DULLES VA 20166-7554	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARRETT, BOB 901 MARINER'S ISLAND BLVD. SUITE 475 SAN MATEO CA 94404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rishi, Aoun 45025 Aviation Drive, Suite 200 Dulles, VA 20166-7554	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIMBALL, RICHARD 575 HIGH STREET, SUITE 400 PALO ALTO CA 94301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEFEBVRE, RICHARD 66 ISLAND ESTATES PKWY PALM COAST FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, JAMES IV 126 EAST 56TH STREET NEW YORK NY 10022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Henry Maria 45025 Aviation Drive, Suite 200 Dulles, VA 20166-7554	☒ Change ☐ Addition

CR2E034 (4/03)

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.

SIGNATURE: SIGNATURE REQUIRED 8/13/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #