

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000037284

FILED
Apr 10, 2012
Secretary of State

Entity Name: LENEER DATA ASSURANCE SOLUTIONS, INC.

Current Principal Place of Business:

1725 OAKHURST AVE
SUITE 205
JACKSONVILLE, FL 32208 US

New Principal Place of Business:

Current Mailing Address:

1200 G. ST. NW
SUITE 800
WASHINGTON, DC 20005 US

New Mailing Address:

FEI Number: 26-2446018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESTER, ROBERT E III
123 W. 11TH ST.
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LESTER, ROBERT E III
Address: 123 W. 11TH ST.
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: VP
Name: LESTER, NICOLE M
Address: 123 W. 11TH ST.
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: S
Name: LESTER, NICOLE M
Address: 123 W. 11TH ST.
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: T
Name: LESTER, ROBERT E
Address: 123 W. 11TH ST.
City-St-Zip: JACKSONVILLE, FL 32206 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT E. LESTER

P

04/10/2012

Electronic Signature of Signing Officer or Director

Date