2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 15, 2000 8:00 am Secretary of State **DOCUMENT # P31562** 1. Entity Name Portal Connect Inc. EIS INTERNATIONAL, INC. 03-15-2000 90077 048 ***150.00 Mailing Address Principal Place of Business 555 HERNDON PARKWAY 555 HERNDON PARKWAY HERNDON VA 20170 HERNDON VA 20170-5248 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City'& State 4. FEI Number 06-1017599 Not Applicable Zip Country Country Zip \$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 Name UNITED CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 9200 SOUTH DADELAND BLVD. SUITE 508 **MIAMI FL 33156** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Hart Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change 🔀 Addition TITLE Delete TITLE Philip A. Storey closes Syskas AG FOLEY, FREDERICK NAME NAME 9943 Lawyers Road STREET ADDRESS STREET ADDRESS 397 GREENS FARMS ROAD CITY-ST-ZIP CITY-ST-ZIP WESTPORT CT 06880 **Addition** ☐ Change TITLE ☐ Delete TITLE Gert J. Reinhart & SER Systems AG Innovationsporte, D-53574 MCGOWAN, JAMES E NAME STREET ADDRESS STREET ADDRESS 34463 FOXWOOD LAND CITY-ST-ZIP CITY-ST-ZIP BLUEMONT: VA 20135 ☐ Change Addition Delete TITLE TITLE KLINEMAN, KENT M NAME NAME STREET ADDRESS STREET ADDRESS 140 FIFTH AVENUE CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY** ☐ Change ☐ Addition X Delete TITLE TITLE MCCALL, CHARLES W NAME NAME STREET ADDRESS STREET ADDRESS 301 PERIMETER CENTER NORTH CITY-ST-ZIP CITY-ST-ZIP **ATLANTA GA 30346** Addition Change Delete TITLE TITLE CRESCI, ROBERT. NAME NAME STREET ADDRESS STREET ADDRESS 10 PINEAPPLE STREET CITY-ST-7IP CITY-ST-ZIP **BROOKLYN NY** ☐ Change ☐ Addition TITLE Delete TITLE NAME Jesurum, Robert NAME STREET ADDRESS STREET ADDRESS 11 HARBORVIEW DR. CITY-ST-ZIP CITY-ST-ZIP PORTSMOUTH NH 13. 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 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: