

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Oct 05, 2007
Secretary of State**

DOCUMENT# P40939

Entity Name: MODULAR SPACE CORPORATION

Current Principal Place of Business:

22810 QUICKSILVER DRIVE
DULLES, VA 20166 US

New Principal Place of Business:

530 EAST SWEDESFORD ROAD
WAYNE, PA 19087 US

Current Mailing Address:

22810 QUICKSILVER DRIVE
DULLES, VA 20166 US

New Mailing Address:

FEI Number: 54-1375284 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: PAQUIN, CHARLES R
Address: 22810 QUICKSILVER DRIVE
City-St-Zip: DULLES, VA 20166 US

Title: S () Delete
Name: SHEETS, JAMES D
Address: 530 EAST SWEDESFORD ROAD
City-St-Zip: WAYNE, PA 19087 US

Title: D () Delete
Name: FARRELL, JAMES T
Address: 22810 QUICKSILVER DRIVE
City-St-Zip: DULLES, VA 20166 US

Title: D () Delete
Name: LORSCH, DAVID P
Address: 22810 QUICKSILVER DRIVE
City-St-Zip: DULLES, VA 20166 US

Title: T () Delete
Name: POPKO, DEBORAH
Address: 22810 QUICKSILVER DRIVE
City-St-Zip: DULLES, VA 20166 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: RYAN, JONATHAN A
Address: 530 EAST SWEDESFORD ROAD
City-St-Zip: WAYNE, PA 19087

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JONATHAN A. RYAN

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10/05/2007

Electronic Signature of Signing Officer or Director

Date