2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 16, 2009
Secretary of State

DOCUMENT# F96000003853

Entity Name: FLORIDA-ASE, INC.

Current Principal Place of Business:

8283 GREENSBORO DRIVE
MCLEAN, VA 22102

New Principal Place of Business:

Current Mailing Address:

8283 GREENSBORO DRIVE
MCLEAN, VA 22102

New Mailing Address:

FEI Number: 22-3271700 **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: P ( ) Delete
Name: ALDRICH, DAVID
Address: 8283 GREENSBORO DR.
City-St-Zip: MCLEAN, VA 22102

Title: D ( ) Delete
Name: APPLEBY, C.G.
Address: 8283 GREENSBORO DR.
City-St-Zip: MCLEAN, VA 22102

Title: V ( ) Delete
Name: FRANCIS, HENRY
Address: 8283 GRENNBORO DRIVE
City-St-Zip: MC LEAN, VA 22102

Title: S ( ) Delete
Name: DOUGLAS, MANYA
Address: 8283 GRENNBORO DRIVE
City-St-Zip: MC LEAN, VA 22102

Title: D ( ) Delete
Name: SHARDER, RALPH
Address: 8283 GRENNBORO DRIVE
City-St-Zip: MC LEAN, VA 22102

Title: D ( ) Delete
Name: STRICKLAND, SAMUEL
Address: 8283 GRENNBORO DRIVE
City-St-Zip: MC LEAN, VA 22102

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

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: DOUGLAS MANYA S 07/16/2009

Electronic Signature of Signing Officer or Director Date