

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000092420

Entity Name: SIGMA TRANSNATIONAL INC.

FILED
Sep 29, 2009
Secretary of State

Current Principal Place of Business:

4428 S.W. 35TH TERRACE
GAINESVILLE, FL 32608 US

New Principal Place of Business:

Current Mailing Address:

1629 K STREET
WASHINGTON, DC 20006 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, WILLIAM
4428 S.W. 35TH TERRACE
GAINESVILLE, FL 32608 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: WILLIAM CAMPBELL

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAMPBELL, WILLIAM
Address: 1629 K STREET
City-St-Zip: WASHINGTON, DC 20006 US

Title: VP () Delete
Name: DORIZAS, NICHOLAS
Address: 1629 K STREET
City-St-Zip: WASHINGTON, DC 20006 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CAMPBELL, WILLIAM
Address: 1629 K STREET
City-St-Zip: WASHINGTON, DC 20006 US

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

Title: COO () Change (X) Addition
Name: FORRESTER, DALE
Address: 1629 K STREET
City-St-Zip: WASHINGTON, DC 20006 US

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: WILLIAM CAMPBELL

Electronic Signature of Signing Officer or Director

PRES

09/29/2009

Date