

SIGNATURE:

fichard Wheaton

2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 8:00 am Secretary of State 05-01-2006 90444 038 ***150.00 **DOCUMENT #424216** MANCOMP SYSTEMS, INC. Principal Place of Business Mailing Address 8022 LANGBROOK ROAD 8022 LANGBROOK ROAD 60031287 SPRINGFIELD, VA 22152 SPRINGFIELD, VA 22152 2. Principal Place of Business 3. Mailing Address 6892 Old Glasgew 6892 Old Glasgow Road Suite, Apt. #, etc. Suite, Apt. #, etc. 04192006 CR2E034 (11/05) Chg-P City & State City & Stare 4. FEI Number Applied For Scott sville 59-1449646 cottsville Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMOOT, J. TOM, JR. Street Address (P.O. Box Number is Not Acceptable) 1242 FLORIDA AVE 📲 FORT MYERS, FL 33907 City Zip Code 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. If am familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and little if applicable (NOTF: Registered Agent signature required when reinstains) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Detete TITLE X Change Wheaton, E. Richard 1892 Old Glasgow Road WHEATON, E RICHARD HAME NAME STREET ADDRESS 8022 LANGBROOK ROAD STREET ADDRESS CITY-ST-ZIP SPRINGFIELD, VA 22152 CITY-ST-ZIP Scottsville, KY 42164 Change ■ Addition ☐ Delete THILE rton-Wheaton, Brenda BARTON-WHEATON, BRENDA HAME MAAM 6892 Old Glasgow Road STREET ADDRESS 8022 LANGBROOK ROAD STREET ADDRESS CITY-ST-ZIP SPRINGFIELD, VA 22152 CITY-ST-ZIP TITLE Delete 1DTLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS OFFY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition TITLE Detete TILLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete πιε Change Addition 1/11 E NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIE CITY ST-7IP Change Addition ☐ Defete TOTLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZiP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

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