FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SECRETARY OF STATE DOCUMENT # F 0000000 2715 1. Entity Name ISR SOLUTIONS (VIRGINIA), INC. 02 JUL 11 PM 4: 01 DO NOT WRITE IN THIS SPACE Mailing Address 2. Principal Place of Business 6015 Benjamin Road 4460 Brookfield Corp. Dr. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite # 321 Suite L Applied For City & State 4. FEI Number City & State Tampa, Florida Chantilly, Virginia 54-1815841 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired USA 33634 USA 20151 7. Name and Address of Current Registered Agent HIQ Corporate Services, Inc. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 526 East Park Avenue, Suite 200 IN THIS SPACE City Tallahassee d entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above nar 7/10/2002 PRESIDENT SIGNATURE (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 -Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. TITLE TITLE President and Director CR2E034B (12/07 100006449881---07/16/02--01052--031 NAME Hollis McLoughlin NAME 4460 Brookfield Corporation Dr, Ste. L STREET ADDRESS STREET ADDRESS ****550.00 ****550.00 Chantilly, Virginia 20151 CITY-ST-7IP CITY-ST-7IP Secretary and Director Joseph Costa TITLE TITLE NAME NAME 4460 Brookfield Corporation Dr, Ste. L STREET ADDRESS STREET ADDRESS Chantilly, Virginia 20151 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Vice-President NAME Barry Banks NAME 4460 Brookfield Corporation Dr, Ste. L STREET ADDRESS STREET ADDRESS DO NOT WRITE Chantilly, Virginia 20151 CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP TITLE TITLE NAME NAME STREET AIXDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Thereby 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 of director of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 oct and attachment with an address, with all other like empowered.

SIGNATURE:

FILED