2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

| 20 UN | 003 FOR PROFIT | CORPOR | RATI | ON JBR) | | FILI May 16, 20 | 03 8:0 | 0 am | 0622097 |
|--|---|---|---|---|------------------------|---|---|---------------------------------|---------|
| | MENT # F00000 | 002813 | / | | | Secretary 05-16-2003 90187 | | | ΑŢ |
| 1. Entity Nam SENTRY | INVESTMENTS, INC. | <u>.</u> | \/ \ | | | 00 10 2003 90107 | 130.0 | | |
| Principal Plac 8180 GREENS MCLEAN VA | ce of Business SBORO DRIVE. SUITE 25 (60 22102 | Mailing Address 8180 GREENSBORO DRI MCLEAN VA 22102 | ve. suite | ⁸²⁵ /80 | | E INTHON I II IN NAME NOME NAME NOME NOME | 18 00 580 4 0 8 0 0 0 0 | 11 110 1114 1 114 | |
| 2. Principal F | Pace of Business Tean Shoro Dr. | Mailing Address | nsbor | o Dri | ve | | | | |
| Suite, Apt. | #, etc. | Suite Apt. #, etc. 80 |) | | | CHECK HERE IF MA | KING CHANGES | | |
| Mity & Stat | e 1/A | City & State | V | A | 4. | FEI Number 54-1922037 | <u> </u> | plied For of Applicable | |
| Zip | Country | Zip 202 | Counti | YA | 5. | Certificate of Status Desired | \$8.75 Add | litional | |
| | 6. Name and Address of Current Rec | | | | 7. | Name and Address of New Register | red Agent | | |
| BUSINES | & FILINGS INCORPORATED | | | Name / R | AI | Services - | Lnc. | | i |
| | ST AVENUE | | | Street Addre | ess (P.O. B | ox Number is Not Acceptable) | | | |
| NO. 1114 | | | | 524 | o E. | Park Are | | | ı |
| MIAMI BE | ACH FL 33139-0089 | | Ì | City 61 | la ha | | FL Zio Cod | | l I |
| | named entity submits this statement for the tions of registered agent. | | s registere | d office or reg | <u> </u> | | am familiar with, | and accept | , |
| SIGNATURE . | | hed | | | | | | | |
| | Signature, typed or printed name of registered agent and ti | tle if applicable. (NO | TE: Registered | Agent signature re | quired when re | einstating) D | ATE | | |
| Afte | ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of St | ate | | | | Election Campaign Financing Trust Fund Contribution. | | 0 May Be to Fees | i |
| 10. | OFFICERS AND DIR | | 11. | | AC | I DITIONS/CHANGES TO OFFICERS | AND DIRECTORS | S IN 11 | نہ |
| TITLE NAME STREET ADORESS | CDP CLARK, KENNETH | ☐ Delete | TITLE | I ADDRESS | - | | De Change | ☐ Addition | (10/02) |
| CITY-ST-ZIP | 8180 GREENSBORO DRIVE, SUITE 3 MCLEAN VA 22102 | | | T ADDRESS ST-ZIP | | | | | CR2E034 |
| TITLE NAME | S MCKNIGHT, NIKKI J | ☐ Delete | TITLE NAME | | _ | | Change | Addition Addition | CRS |
| STREET ADDRESS CITY-ST-ZIP | 8180 GREENSBORO DRIVE, SUITE MCLEAN VA 22102 |)23 | CITY-S | T ADDRESS ST- ZIP | | | Ste 18 | | |
| TITLE NAME | | ☐ Delete | TITLE | F | P | · Shuder - | Change | Addition | • |
| STREET ADDRESS | | | | T ADDRESS | 3 (8, 1) | Breensboro D. | | | |
| CITY-ST-ZIP | | | CITY- | ST-ZIP | Meh | ean, VA 221 | | | , |
| TITLE NAME | r | ☐ Delete | TITLE NAME | | | | ☐ Change | ☐ Addition | |
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| CITY-ST-ZIP | | | | ST-ZIP | | | | - Addition | • |
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| STREET ADDRESS | | | 1 | T ADDRESS | | | | } | |
| CITY-ST-ZIP | | ra | CITY-S | ST-ZIP | | | | | |
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| STREET ADDRESS | | | STREE | T ADDRESS | | | | | |
| CITY-ST-ZIP | | P0 1 | CITY-S | | | 440.07(0)(2) 51 11 0 | | | |
| indicated of the cor changed. | certify that the information supplied this on this report or supplemental report is true poration or the receiver or trustee myower, or on an attachment with an address with | ining does not quality to and accurate and that ed to execute this repor- all other like empowered | or the exem my signatu t as require t. | ipilion stated i ire shall have ed by Chapter | the same 607, Flori | insur(s)(i), Fiorida Statutes, Ffurthe legal effect as if made under oath; the da Statutes; and that my name appe | ir certily that the in lat I am an officer ars in Block 10 or | or director Block 11 if | |

90135898



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| | of change is submitted for a corp | 502, 617.0502, 607.1508, or 617.1508, poration organized under the laws of the egistered office or registered agent, or | State of | ŕ | | | | | | |
|--|--|--|-------------------------------------|---------|------------------------|--|--|--|--|--|
| of Florida. | in order to change its ri | egisierea office or regisierea ageni, or | voin, in in | e State | | | | | | |
| - | f the corporation: Sentry Investm | nents, Inc. | 盖 | 02 | | | | | | |
| 2. The princip | al office address: 8180 Greensbo | pro Drive, Suite 525, Mclean, VA 22102 | AHAS | DEG I | Carine Carine Ti | | | | | |
| 3. The mailing | S C | P | rent t | | | | | | | |
| | | | S_S | <u></u> | A STANSON | | | | | |
| 4. Date of inco | | | 000000028 | 13 | _ | | | | | |
| 5. The name at Florida Dep | nd street address of the current re artment of State: | gistered agent and registered office on f | ile with the | Ĉ | | | | | | |
| | Business Filings Incorporated | | _ | | | | | | | |
| | 1000 West Avenue, No. 1114 | | | | | | | | | |
| | Miami Beach, FL 33139 | | • | | | | | | | |
| changed): | NRAI Services, Inc. | gistered agent (if changed) and /or reg | istered off | 1ce (1f | | | | | | |
| | 526 E. Park Avenue (P.O. Box or personal mailbox NOT acceptable) Tallahassee, FL 32301 | | | | | | | | | |
| | | | | | | | | | | |
| The street addr agent, as chang | ess of its registered office and the | ne street address of the business office | - of its regis | tered | | | | | | |
| Such change watherized by t | as authorized by resolution duly he board, or the corporation has | adopted by its board of directors or by been notified in writing of the change. | an officer | -so | | | | | | |
| Signature of an office | Chairman or vice chairman of the board) | Nikki McKnight, Secretary (Printed or typed name and title) | · | _ | | | | | | |
| hereby accept further agree performance of registered agen office address, | the appointment as registered of the comply with the provisions of my duties, and I am familiar with the corport that the corporation tha | ogent and agree to act in this capacity. If all statutes relative to the proper and ith and accept the obligation of my posifiled merely to reflect a change in the it ration has been notified in writing of the cattering of the | ition as egistered is change. | | | | | | | |
| | ignature of Registered Agent) | (Date) | | - | | | | | | |
| f signing on behal By: Charles B | • | Vina Descript | | | | | | | | |
| (7 | yped or Printed Name) | Vice President | | _ | | | | | | |
| NRAI Services, | Inc. | (Capacity) G FEE: \$35.00 * * * | | | | | | | | |