2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# F00000004314

Entity Name: VIAMERICAS CORPORATION

Current Principal Place of Business:

4641 MONTGOMERY AVENUE
SUITE 400
BETHESDA, MD 20814

New Principal Place of Business:

Current Mailing Address:

4641 MONTGOMERY AVENUE
SUITE 400
BETHESDA, MD 20814

New Mailing Address:

FEI Number: 52-2225680 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD
#221E
PALM BEACH GARDENS, FL 33410 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DCEO ( ) Delete
Name: DWYER, PAUL S JR.
Address: 10001 NEW LONDON DRIVE
City-St-Zip: POTOMAC, MD 20854 US

Title: CD ( ) Delete
Name: ARGILAGOS, JOSEPH D
Address: 4641 MONTGOMERY AVENUE SUITE 400
City-St-Zip: BETHESDA, MD 20814 US

Title: T ( ) Delete
Name: AVINA, DAVID
Address: 4641 MONTGOMERY AVENUE SUITE 400
City-St-Zip: BETHESDA, MD 20814 US

Title: S ( ) Delete
Name: HENDRICKSON, CHRISTOPHER L
Address: 4641 MONTGOMERY AVENUE SUITE 400
City-St-Zip: BETHESDA, MD 20814 US

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

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: CCO ( ) Change (X) Addition
Name: CASTANEDA, JAIME
Address: 4641 MONTGOMERY AVENUE, SUITE 400
City-St-Zip: BETHESDA, MD 20814 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: JAIME CASTANEDA CCO 04/13/2009

Electronic Signature of Signing Officer or Director — Date