2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State DOCUMENT # F0000007117 1. Entity Name NET TRANSFORMS, INC. 05-15-2001 90104 004 ***150.00 Principal Place of Business Mailing Address 512 HERNDON PARKWAY, SUITE F 512 HERNDON PARKWAY, SUITE F HERNDON VA 20170-5244 HERNDON VA 20170-5244 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 34-1968403 APPLIED FOR City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code City FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition CR2E034 (10/00) Change ☐ Delete TITLE TITLE NAME NAME OPPENHIMER, ALEXANDER W STREET ADDRESS STREET ADDRESS 512 HERNDON PARKWAY, SUITE F CITY-ST-ZIP CITY-ST-ZIP HERNDON VA 20170-5244 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME MARGOLIS, MICHAEL N STREET ADDRESS STREET ADDRESS 512 HERNDON PARKWAY, SUITE F CITY-ST-ZIP CITY-ST-ZIP HERNDON VA 20170-5244 ☐ Change ☐ Addition TITLE TITLE ☐ Delete DS NAME CARSON, ROBERT **STREET ADDRESS** STREET ADDRESS 512 HERNDON PARKWAY, SUITE F CITY-ST-ZIP CITY-ST-ZIP HERNDON VA 20170-5244 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME CHUNG CHANG, TA STREET ADDRESS STREET ADDRESS 512 HERNDON PARKWAY, SUITE F CITY-ST-ZIP CITY-ST-ZIP HERNDON VA 20170-5244 TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby 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 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 11 or Block 12 if changed, or on an attachment with an application, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

703-929-3962

Daytime Phone

FILED