2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 16, 2007
Secretary of State

DOCUMENT# F01000001225

Entity Name: AREVA NP INC.

Current Principal Place of Business:

3315 OLD FOREST ROAD
OF 28
LYNCHBURG, VA 24501

New Principal Place of Business:

Current Mailing Address:

3315 OLD FOREST ROAD
LEGAL - OF 28
LYNCHBURG, VA 24501

New Mailing Address:

FEI Number: 54-1536465 **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 RD.
#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

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: CHRISTOPHER, THOMAS A
Address: 3315 OLD FOREST ROAD
City-St-Zip: LYNCHBURG, VA 245010935

Title: SVP ( ) Delete
Name: BEAM, GEORGE B
Address: 3315 OLD FOREST ROAD
City-St-Zip: LYNCHBURG, VA 245010935

Title: SEC ( ) Delete
Name: GUZA, DAVID F
Address: 3315 OLD FOREST ROAD
City-St-Zip: LYNCHBURG, VA 245010935

Title: SVP ( ) Delete
Name: GANTHNER, RAYMOND W
Address: 3315 OLD FOREST ROAD
City-St-Zip: LYNCHBURG, VA 245010935

Title: SVP ( ) Delete
Name: MATHESON, JOHN E
Address: 3315 OLD FOREST ROAD
City-St-Zip: LYNCHBURG, VA 245010935

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PEO ( ) Change (X) Addition
Name: FOX, WILLIAM A III
Address: 7207 IBM DRIVE
City-St-Zip: CHARLOTTE, NC 28262

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: DAVID F. GUZA SEC 10/16/2007

Electronic Signature of Signing Officer or Director — Date