2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 03, 2007 8:00 am Secretary of State DOCUMENT # F02000003237 1. Entity Name CYBERTRUST, INC. 05-03-2007 90069 010 ***150.00 Principal Place of Business Mailing Address 13650 DULLES TECHNOLOGY DR., STE. 500 13650 DULLES TECHNOLOGY DR., STE. 500 40-HERNDON, VA 20171 HERNDON, VA 20171 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 25-1639918 Not Applicable Zio Country Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address or Current Registered Agent 7. Name and Address of New 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 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CEO TITLE Delete TITLE ☐ Change Addition BECKER, JOHN NAME NAME STREET ADDRESS 13650 DULLES TECHNOLOGY DR., STE. 500 STREET ADDRESS HERNDON, VA 20171 CITY-ST-ZIP CITY-ST-ZIP SVPS TITLE ☐ Delete TITLE CFO / Socretary **Change** ☐ Addition MURPHY, JAMES NAME NAME STREET ADDRESS 13650 DULLES TECHNOLOGY DR., STE. 500 STREET ADDRESS CITY-ST-ZIP HERNDON, VA 20171 CITY-ST-7IP TITLE **VPFC** Delete TITLE ☐ Change Addition NAME LENKER, ED NAME STREET ADDRESS 13650 DULLES TECHNOLOGY DR., STE. 500 STREET ADDRESS CITY-ST-ZIP HERNDON, VA 20171 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition BRYAN, GERNERT NAME STREET ADDRESS 13650 DULLES TECHNOLOGY DR STE 500 STREET ADDRESS CITY-ST-ZIP HERNDON, VA 20171 CITY-ST-ZIP TITLE Defete TIT1 F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND EXPERIOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

703-480-8200