

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 12000000195 Phone : (850) 521-1000

Fax Number : (850)558-1575

REGISTERED AGENT CHANGE

ANALEX CORPORATION

Certificate of Status Certified Copy 0 Page Count 02 stimated Charge \$35.00

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4/23/2007

statement of cha	inge is submitted for a corporation to change its registered office of the corporation: ANALEX CORP	617.0502, 607.1508, or 617.1508, Flor on organized under the laws of the State or registered agent, or both, in the State ORATION	e of the law are	
2. The principal	office address: 2677 Prosperity A	iveme, Suite 400, Fairfax, VA 22031	- CURI	——————————————————————————————————————
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 10/02/200	2Document number: F02	.000005037	<u> </u>
5. The name and	•	stered agent and registered office on fi	le with the	
•	Intrastate Registered Agent Corpo	oration		
,	701 Brickell Avenue, Suite 3000	and the first of the second		منها وجورات
	Miami, FL 33131	the grant sale of the fi		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6. The name and (if changed):	l street address of the new registe	red agent (if changed) and /or registere	d office sales as	eram escale
	Corporation Service Company			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
•	1201 Hays Street	grand the second se		375717.
	(P.O. Box NOT	icc -pable)		
775a 40 44 3 da	Tallahossee, FL 32301			
_		e street address of the business office		
Such change we anthorized by t	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or been notified in writing of the change	y an officer so	
C. Why	n Gribles	C. Wayne Grubbs, Sr, Vice Pr		
(Signigal)	nt of an officer of director)	(Polited or typed name	•	
I further agree of my duties, an document is bea corporation has	to comply with the provisions of ad I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this	gent and agree to act in this capacity all statutes relative to the proper and the obligation of my position as regis ge in the registered office address, I l change.	l complete performance stered agent. Or, if this hereby confirm that the	
By: // // C/	Service Company LLL R LONAUY gusture of Registered Agent)	∠ 4-30 (Onle)	0-07	
lf signing on be	half of an entity:			
Michelle R. Van	noy, Assistant Vice President			
		_		

* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallaeassee, FL 32314
CR2E045 (8/05)