Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone

: (850)521-1000

Fax Number

: (850)558-1515

**Enter the email address for this business entity to be used for fannual report mailings. Enter only one email address please.

Email Address:_

REGISTERED AGENT CHANGE ANALEX CORPORATION

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502 statement of change is submitted for a corporation organiz in order to change its registered office or register	zed under the laws of the State of Γ	Delaware
1. The name of the corporation: ANALEX CORPORA	•	
2. The principal office address:		
2677 Prosperity Avenue, Suite 400, Fairfax, VA	. 22031	
3. The mailing address (if different):		
4. Date of incorporation/qualification; 10/02/2002	Document number: F020000	05037
5. The name and street address of the current registered ag Florida Department of State:	ent and registered office on file with	a the
C T Corporation System		
1200 South Pine Island Road		2010 SEI
Plantation, FL 33324		APR APR
6. The name and street address of the new registered agent (if changed):	t (if changed) and /or registered offic	TALLAHASSEE FLO
Corporation Service Company		57.5
1201 Hays Street		岩型 5
(P.O. Box NOT acceptable)		
Tallahassee, FL 32301	·	-
The street address of its registered office and the street as changed will be identical.	address of the business office of its	registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an initial in writing of the change.	officer so
Constitute of an officer ordinactor)	Blanca Lozada, Attorney in Fa	
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu of my duties, and I am familiar with and accept the oblid document is being filed merely to reflect a change in the corporation has been notified in writing of this change. Corporation Service Company	d agree to act in this capacity, ites relative to the proper and com gation of my position as registered registered office address, I hereb	plete performance I agent. Or, if this y confirm that the
By: Man Oth	04/09/2010	
(Senature of Registered Agent)	(Date)	·· -
If signing on behalf of an entity:		
Elizabeth A. Dawson, Asst. Vice President (Typed or Printed Name)		
* * * FILING FE	E: \$35.00 * * *	

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