2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# F02000006197

Entity Name: ANALYTIC VISION, INC.

Current Principal Place of Business:

4944 PARKWAY PLAZA BOULEVARD
SUITE 450
CHARLOTTE, NC 28217

New Principal Place of Business:

Current Mailing Address:

4944 PARKWAY PLAZA BOULEVARD
SUITE 450
CHARLOTTE, NC 28217

New Mailing Address:

FEI Number: 56-2278534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REGISTERED AGENTS LEGAL SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: VLAHOS, GREGORY C
Address: 4944 PARKWAY PLAZA BOULEVARD, SUITE 450
City-St-Zip: CHARLOTTE, NC 28217

Title: VS ( ) Delete
Name: MCKEEL, THOMAS K
Address: 4944 PARKWAY PLAZA BOULEVARD, SUITE 450
City-St-Zip: CHARLOTTE, NC 28217

Title: D ( ) Delete
Name: LITTLE, JASON
Address: 4944 PARKWAY PLAZA BOULEVARD, SUITE 450
City-St-Zip: CHARLOTTE, NC 28217

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:

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: GAYLE M. SPEARS CONT 01/14/2009

Electronic Signature of Signing Officer or Director — Date