

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000000303

FILED
Oct 17, 2007
Secretary of State

Entity Name: THE BODE TECHNOLOGY GROUP, INC.

Current Principal Place of Business:

7364 STEEL MILL DRIVE
SPRINGFIELD, VA 22150

New Principal Place of Business:

Current Mailing Address:

1000 ALDERMAN DRIVE
ALPHARETTA, GA 30005

New Mailing Address:

FEI Number: 54-1750293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: JANETTE MCINTYRE

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOP () Delete
Name: LEE, DAVID T
Address: 1000 ALDERMAN DRIVE
City-St-Zip: ALPHARETTA, GA 30005

Title: T () Delete
Name: MONGELLI, JOHN M
Address: 1000 ALDERMAN DRIVE
City-St-Zip: ALPHARETTA, GA 30005

Title: VP () Delete
Name: MCELFRESH, KEVIN
Address: 1000 ALDERMAN DRIVE
City-St-Zip: ALPHARETTA, GA 30005

Title: VP () Delete
Name: LOFTUS, MAUREEN
Address: 1000 ALDERMAN DRIVE
City-St-Zip: ALPHARETTA, GA 30005

Title: CFO () Delete
Name: TRINE, DAVID E
Address: 1000 ALDERMAN DRIVE
City-St-Zip: ALPHARETTA, GA 30005

Title: S () Delete
Name: DAVIS, DAVID W
Address: 1000 ALDERMAN DRIVE
City-St-Zip: ALPHARETTA, GA 30005

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: P (X) Change () Addition
Name: LOFTUS, MAUREEN
Address: 1000 ALDERMAN DRIVE
City-St-Zip: ALPHARETTA, GA 30005

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: MAUREEN LOFTUS

PRES

10/17/2007

Electronic Signature of Signing Officer or Director

Date