

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000530

FILED
Apr 14, 2011
Secretary of State

Entity Name: STRATOS MOBILE NETWORKS, INC.

Current Principal Place of Business:

100 SOUTH PINE ISLAND ROAD
SUITE 132
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

6550 ROCK SPRING DRIVE
650
BETHESDA, MD 20817

New Mailing Address:

FEI Number: 95-4309961

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: PARM, JAMES J
Address: 6550 ROCK SPRING DRIVE, SUITE 650
City-St-Zip: BETHESDA, MD 20817

Title: DP
Name: HENOCK, BRUCE A
Address: 6550 ROCK SPRING DRIVE, SUITE 650
City-St-Zip: BETHESDA, MD 20817

Title: S
Name: LENCHAK, BRENN A
Address: 6550 ROCK SPRING DRIVE, SUITE 650
City-St-Zip: BETHESDA, MD 20817

Title: T
Name: HOLDEN, WILLIAM H
Address: 34 HARVEY ROAD, 4TH FOOR, PARAMOUNT BLDG.
City-St-Zip: ST. JOHN'S, NF A1C 2G1 CA

Title: C
Name: MAY, LEVI
Address: 34 HARVEY ROAD, 4TH FLOOR
City-St-Zip: ST. JOHN'S, NF A1C 2G1

Title: AT
Name: FORSEY, SHARON
Address: 34 HARVEY ROAD, 4TH FLOOR
City-St-Zip: ST. JOHN'S, NF A1C 2G1

I hereby 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 all other like empowered.

SIGNATURE: BRUCE A. HENOCK

DP

04/14/2011

Electronic Signature of Signing Officer or Director

Date