2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000000549

Entity Name: THINKING MAPS, INC.

FILED Oct 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

401 CASSCADE POINTE LANE 401 CASCADE POINTE LANE CARY, NC 275131862

CARY, NC 275131862

Current Mailing Address: New Mailing Address:

401 CASSCADE POINTE LANE 401 CASCADE POINTE LANE

CARY, NC 275131862 CARY, NC 275131862

FEI Number: 56-1717372 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

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: DOREEN WALLACE

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

City-St-Zip:

() Delete Title: (X) Change () Addition SUDDRETH, CLARENCE S SUDDRETH, CLARENCE S Name: 401 CASSCADE POINTE LANE 401 CASCADE POINTE LANE Address:

City-St-Zip:

Address: City-St-Zip: CARY, NC 275131862 City-St-Zip: CARY, NC 275131862

Title: VPS Title: **VPS** (X) Change () Addition () Delete Name: SUDDRETH, GEOFFREY Name: SUDDRETH, GEOFFREY 401 CASSCADE POINTE LANE Address: 401 CASCADE POINTE LANE Address: CARY, NC 275131862 CARY, NC 275131862

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: GEOFFREY P. SUDDRETH **VPS** 10/13/2009