2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 20, 2008
Secretary of State

DOCUMENT# F03000004328

Entity Name: LANDAIR MAPPING, INC.

Current Principal Place of Business:

401 DIVIDEND DR.,
SUITE K
PEACHTREE CITY, GA 30269

New Principal Place of Business:

10300 EATON PLACE
SUITE 340
FAIRFAX, VA 22030

Current Mailing Address:

401 DIVIDEND DR.,
SUITE K
PEACHTREE CITY, GA 30269

New Mailing Address:

10300 EATON PLACE
SUITE 340
FAIRFAX, VA 22030

FEI Number: 22-3813150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PVPS ( ) Delete
Name: OLIVE, RICHARD T
Address: 401 DIVIDEND DR., STE. K
City-St-Zip: PEACHTREE CITY, GA 30269

Title: T ( ) Delete
Name: OLIVE, RICHARD T
Address: 401 DIVIDEND DR., STE. K
City-St-Zip: PEACHTREE CITY, GA 30269

Title: AS ( ) Delete
Name: ORCUTT, PATRICIA
Address: 401 DIVIDEND DR., STE. K
City-St-Zip: PEACHTREE CITY, GA 30269

Title: VP (X) Delete
Name: LONG, CHARLES
Address: 401 DIVIDEND DR. STE. K
City-St-Zip: PEACHTREE CITY, GA 30269

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: BAILEY, BRUCE B
Address: 10300 EATON PLACE, SUITE 340
City-St-Zip: FAIRFAX, VA 22030

Title: CFO (X) Change ( ) Addition
Name: LANGEVIN, PAUL
Address: 10300 EATON PLACE, SUITE 340
City-St-Zip: FAIRFAX, VA 22030

Title: SEC (X) Change ( ) Addition
Name: DANZIG, ROBERT
Address: 10300 EATON PLACE
City-St-Zip: FAIRFAX, VA 22030

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: PAUL LANGEVIN CFO 08/20/2008

Electronic Signature of Signing Officer or Director — Date