2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 14, 2008 8:00 am Secretary of State DOCUMENT # F04000003410 04-14-2008 90023 024 ***150.00 NOVUS CONSULTING GROUP INC. Principal Place of Business Mailing Address dunna. 7717 COPPERMINE DRIVE 7717 COPPERMINE DRIVE MANASSAS, VA 20109 MANASSAS, VA 20109 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 54-1989025 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code FL 8. 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CEO **⊠** Delete President TITLE TITLE ☐ Change Addition Carlos da Fonte NAME GARVEY, SEAN NAME 150 Kettletown Rd STREET ADDRESS 8017 HILLCREST DRIVE STREET ADDRESS CITY-ST-ZIP MANASSAS, VA 20111 CITY-ST-7IP Southbury, CT 06488 Treasurer TITLE Delete TITLE ☐ Change Addition VILLAGE, GEORGE Martin Shroeter NAME NAME 8229 ROXBOROUGH LOOP STREET ADDRESS STREET ADDRESS 1 New Orchard Rd CITY-ST-7IP GAINESVILLE, VA 20155 CITY+ST-7IP Armonk, NY 10504 Assistant Secretary TITLE Delete TITLE ☐ Change Addition George O'Hanlon 294 Bothe 100 Somers NY 10589 O'KEEFE, STEPHEN NAME NAME STREET ADDRESS 7635 KNIGHTSHAYES DRIVE STREET ADDRESS CITY-ST-ZIP MANASSAS, VA 20111 CITY-ST-ZIP TITLE TITLE Director Change Delete Addition Luiscustadio NAME NAME 294 Route 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Samers, N.Y. 10589 Director Marian Dillon 1 New Orchard Rd TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Armonk, NY 10504 CITY-ST-ZIP Director TITLE Delete TITLE ☐ Change Addition David L. Johnson NAME NAME 1 New Orchard Rd STREET ADDRESS STREET ADDRESS City-St-ZiP Armonk, NY 10504 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if

B O'HANLOW

FILED