

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000004047 1. Entity Name PAMELA HUGHES & COMPANY, INC.						<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FILED 06 APR 12 PM 2:31 </div>	
Principal Place of Business 1487 CHAIN RIDGE ROAD, SUITE 100 MCLEAN, VA 22101				Mailing Address 1487 CHAIN RIDGE ROAD, SUITE 100 MCLEAN, VA 22101			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 52-1270551				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> SIGNATURE: <u><i>Cynthia L. Harris</i></u> <small>Signature (Typed or printed name of registered agent and title if applicable)</small> </div> <div style="width: 30%; text-align: center;"> Cynthia L. Harris as its agent </div> <div style="width: 20%; text-align: right;"> <u>4/12/06</u> <small>DATE</small> </div> </div>							
FILE NOW!!! FEE IS \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HUGHES, PAMELA S 1487 CHAIN RIDGE ROAD, SUITE 100 MCLEAN, VA 22101			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AUSHERMAN, DONNA 1487 CHAIN RIDGE ROAD, SUITE 100 MCLEAN, VA 22101			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> REINSTATEMENT <i>34/12/04</i> <i>OS-04</i> </div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Jessica R. Klein 64 Academy Rd. Bala cynwyd, PA 19004		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>Donna Ausherman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 3-30-06		Daytime Phone # 703 442-3200	