## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F04000005341

Entity Name: ASIWORKS, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	ONSIN AVENU A, MD 20814	E SUITE 1400			
Current Mailing Address:			New Mailing Address:		
7101 WISCONSIN AVENUE SUITE 1400 BETHESDA, MD 20814					
FEI Number:	52-2052647	FEI Number Applied For ( )	FEI Number Not Appli	cable ( ) Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
WALLACE, RICKY B  10512 INNISBROOK DRIVE  JACKSONVILLE, FL 32222 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.					
SIGNATUR	E: RICKY WA				
	Electronic	Signature of Registered Agent	t	Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ABRAMOWITZ, E	NAVENUE SUITE 1400	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () D DORTCH, HELEN 7101 WISCONSIN BETHESDA, MD	B NAVENUE, SUITE 1400	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ABRAMOWITZ, M	NAVENUE SUITE 1400	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D THOMAS, DORIS 7101 WISCONSIN BETHESDA, MD	N AVENUE SUITE 1400	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PANDIT, SHEILA	elete CUT AVENUE, #450 /ID 20815	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition WALKER, SHERWOOD 7101 WISCONSIN AVENUE SUITE 1400 BETHESDA, MD 20814	
Title: Name: Address: City-St-Zip:	WALKER, SHERV	NAVENUE SUITE 1400	Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition HICKS, LAWANDRA 7101 WISCONSIN AVENUE SUITE 1400 BETHESDA, MD 20814	

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: ELIZABETH A. ABRAMOWITZ P 04/29/2009