2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2006
Secretary of State

DOCUMENT# F05000001783

Entity Name: SRS TECHNOLOGIES, A CALIFORNIA CORPORATION

Current Principal Place of Business:

1800 QUAIL STREET, STE. 101
NEWPORT BEACH, FL 92660

New Principal Place of Business:

Current Mailing Address:

1800 QUAIL STREET, STE. 101
NEWPORT BEACH, FL 92660

New Mailing Address:

FEI Number: 95-2668010 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REICHEL, DAN H
7099 NO. ATLANTIC AVE., STE. 300
CAPE CANAVERAL, FL 32920 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: DAN REICHEL

Electronic Signature of Registered Agent — Date

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: PVC ( ) Delete
Name: ALLBURN, JAMES
Address: 3865 WILSON BLVD., STE. 800
City-St-Zip: ARLINGTON, VA

Title: VP ( ) Delete
Name: EDSALL, BART
Address: 3865 WILSON BLVD., STE. 800
City-St-Zip: ARLINGTON, VA

Title: CT ( ) Delete
Name: SANHU, MOHINDAR
Address: 1800 QUAIL STREET, STE. 101
City-St-Zip: NEWPORT BEACH, FL 92660

Title: S ( ) Delete
Name: STOVALL, JAMES
Address: 1800 QUAIL STREET, STE. 101
City-St-Zip: NEWPORT BEACH, FL 92660

Title: D ( ) Delete
Name: SANDHU, PETER
Address: 1800 QUAIL STREET, STE. 101
City-St-Zip: NEWPORT BEACH, FL 92660

Title: D ( ) Delete
Name: MARSHALL, PATRICIA
Address: 1800 QUAIL STREET, STE. 101
City-St-Zip: NEWPORT BEACH, FL 92660

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES STOVALL S 10/05/2006

Electronic Signature of Signing Officer or Director — Date