2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002390

Entity Name: AGCERT SERVICES (USA), INC.

FILED May 21, 2009 Secretary of State

•		(<i>y</i> ,				
Current Principal Place of Business:			New Principal Place of Business:			
SUITE 205	ST NEW HAVEN S RNE, FL 32904	I BLVD				
Current Mailing Address:			New Mailing Address:			
SUITE 205	ST NEW HAVEN S RNE, FL 32904	I BLVD				
FEI Number:	: 20-2289226	FEI Number Applied For ()	FEI Number Not Appl	icable () C	ertificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
1200 SOU	PORATION SYS TH PINE ISLAN ION, FL 33324					
The above in the State	named entity s of Florida.	ubmits this statement for the p	urpose of changing i	ts registered offic	ee or registered agent, or both,	
SIGNATUR	RE:					
	Electroni	c Signature of Registered Age	nt		Date	
		(2)(b), F.S., the corporation did no	t receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	BISHOP, ALAN I	R CITY BLVD STE 300	Title: Name: Address: City-St-Zip:	MR. (X) CI ROTSAERT, DIDIE 4300 WILSON BLV ARLINGTON, VA 2	/D	
Title: Name: Address: City-St-Zip:	MCMORRIS, JO	R CITY BLVD STE 400	Title: Name: Address: City-St-Zip:	MS. (X) CI CRANNA, REBECO 4300 WILSON BLV ARLINGTON, VA	/D	
Title: Name: Address: City-St-Zip:	GITLIN, MARTÍN	CITY BLVD STE 400	Title: Name: Address: City-St-Zip:	MR. (X) CI HIRSH, LAWRENC 4300 WILSON BLV MELBOURNE, FL	/D	
Title: Name: Address: City-St-Zip:	HASKELL, GRE	R CITY BLVD STE 400	Title: Name: Address: City-St-Zip:	MS. (X) CI NGUYEN, THAM S 4300 WILSON BLY ARLINGTON, VA 2	/D	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	RODRIGUEZ, ALE	/EN AVEN SUITE 205	

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: ALETA RODRIGUEZ, ASSISTANT SECRETARY MS. 05/21/2009