

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000006903

1. Entity Name
CATAPULT TECHNOLOGY, LTD. CORP.



FILED

07 MAY 21 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7500 OLD GEORGETOWN ROAD, 11TH FLOOR
BETHESDA, MD 20814

Mailing Address
7500 OLD GEORGETOWN ROAD, 11TH FLOOR
BETHESDA, MD 20814

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 06-07

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLAGER, RANDY
254 S. HIBISCUS DRIVE
MIAMI BEACH, FL 33139

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.

SIGNATURE

Signature, typed or printed name of registered agent acceptable if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

***FILE NOW!!! FEE IS \$900.00**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PC
STREET ADDRESS SLAGER, RANDY
CITY-ST-ZIP 7500 OLD GEORGETOWN RD 11TH FLOOR
BETHESDA, MD 20814 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 200102938332
CITY-ST-ZIP 05/21/07--01023--011 **908.75

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-535-2236
5/10/07 340-905-8761

Date Daytime Phone #