

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000000109

Entity Name: ICX TECHNOLOGIES, INC.

FILED  
Feb 11, 2011  
Secretary of State

## Current Principal Place of Business:

2100 CRYSTAL DR.  
SUITE 650  
ARLINGTON, VA 22202

## New Principal Place of Business:

1024 S. INNOVATION WAY  
STILLWATER, OK 74074

## Current Mailing Address:

2100 CRYSTAL DR.  
SUITE 650  
ARLINGTON, VA 22202

## New Mailing Address:

27700 SW PARKWAY AVENUE  
WILSONVILLE, OR 97070

FEI Number: 77-0619113

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CORPORATE SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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.

SIGNATURE: LORETTA MCCOOL, ASSISTANT SECRETARY

02/11/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DIRE  
Name: LEWIS, EARL R  
Address: 27700 SW PARKWAY AVENUE  
City-St-Zip: WILSONVILLE, OR 97070

Title: DIRE  
Name: DAVIS, WILLIAM W  
Address: 27700 SW PARKWAY AVENUE  
City-St-Zip: WILSONVILLE, OR 97070

Title: DIRE  
Name: SUNDERMEIER, WILLIAM  
Address: 27700 SW PARKWAY AVENUE  
City-St-Zip: WILSONVILLE, OR 97070

Title: PRES  
Name: SUNDERMEIER, WILLIAM  
Address: 27700 SW PARKWAY AVENUE  
City-St-Zip: WILSONVILLE, OR 97070

Title: CFO  
Name: TRUNZO, TONY  
Address: 27700 SW PARKWAY AVENUE  
City-St-Zip: WILSONVILLE, OR 97070

Title: SEC  
Name: DAVIS, WILLIAM  
Address: 27700 SW PARKWAY AVENUE  
City-St-Zip: WILSONVILLE, OR 97070

I hereby 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 all other like empowered.

SIGNATURE: HEATHER F. CHRISTIANSEN

AS

02/11/2011

Electronic Signature of Signing Officer or Director

Date