2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008
Secretary of State

DOCUMENT# F06000004963

Entity Name: CERNIUM CORPORATION

Current Principal Place of Business:

146 W LOCKWOOD
ST LOUIS, MO 63119

New Principal Place of Business:

1943 ISAAC NEWTON SQUARE
SUITE 200
RESTON, VA 20190

Current Mailing Address:

146 W LOCKWOOD
ST LOUIS, MO 63119

New Mailing Address:

1943 ISAAC NEWTON SQUARE
SUITE 200
RESTON, VA 20190

FEI Number: 20-4339635 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: WHITE, WILLIAM
Address: TWO N RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

Title: DP ( ) Delete
Name: CHAMBERS, CRAIG
Address: 11951 FREEDOM DR
City-St-Zip: RESTON, VA 20190

Title: D ( ) Delete
Name: TODER, CRAIG
Address: 6 OLD ORCHARD
City-St-Zip: ST LOUIS, MO 63119

Title: V ( ) Delete
Name: SPENCE, MARTIN
Address: 146 W LOCKWOOD
City-St-Zip: ST LOUIS, MO 63119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change ( ) Addition
Name: CHAMBERS, CRAIG
Address: 1943 ISAAC NEWTON SQUARE
City-St-Zip: RESTON, VA 20190

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

Title: V (X) Change ( ) Addition
Name: LATCHFORD, ROBERT
Address: 1943 ISAAC NEWTON SQUARE
City-St-Zip: RESTON, VA 20190

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: ROBERT LATCHFORD V 02/19/2008

Electronic Signature of Signing Officer or Director — Date