## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000004963

Entity Name: CERNIUM CORPORATION

FILED Jan 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1943 ISAAC NEWTON SQUARE SUITE 200 RESTON, VA 20190 **Current Mailing Address: 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: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition WHITE, WILLIAM Name: Name: TWO N RIVERSIDE PLAZA Address: Address: City-St-Zip: CHICAGO, IL 60606 City-St-Zip: Title: DP Title: () Delete () Change () Addition CHAMBERS, CRAIG Name: Name: 1943 ISAAC NEWTON SQUARE Address: Address: RESTON, VA 20190 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition TODER, CRAIG Name: Name: 6 OLD ORCHARD Address: Address: City-St-Zip: ST LOUIS, MO 63119 City-St-Zip: Title: () Delete Title: () Change () Addition LATCHFORD, ROBERT Name: Name: Address: 1943 ISAAC NEWTON SQUARE Address: City-St-Zip: RESTON, VA 20190 City-St-Zip:

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 01/16/2009