2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008
Secretary of State

DOCUMENT# F07000005751

Entity Name: SERVERVAULT CORP.

Current Principal Place of Business:

1506 MORAN RD
DULLES, VA 20166

New Principal Place of Business:

Current Mailing Address:

45240 BUSINESS CT STE 150
DULLES, VA 20166

New Mailing Address:

FEI Number: 01-0649169 **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:	D	( ) Delete
Name:	BAKER, STEPHEN A	
Address:	303 BROADWAY STE 1200	
City-St-Zip:	CINCINNATI, OH 45202	
Title:	DP	( ) Delete
Name:	KRAFT, JOHN	
Address:	45240 BUSINESS CORP STE 150	
City-St-Zip:	DULLES, VA 20166	
Title:	VST	( ) Delete
Name:	CREW, CHARLES A	
Address:	45240 BUSINESS CORP STE 150	
City-St-Zip:	DULLES, VA 20166	
Title:	D	( ) Delete
Name:	O'BRIEN, MIKE	
Address:	45240 BUSINESS CORP STE 150	
City-St-Zip:	DULLES, VA 20166	
Title:	D	( ) Delete
Name:	SCHULTZ, RON	
Address:	45240 BUSINESS CORP STE 150	
City-St-Zip:	DULLES, VA 20166	
Title:	D	( ) Delete
Name:	WUEBBLING, DON	
Address:	400 BROADWAY	
City-St-Zip:	CINCINNATI, OH 45202	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: ALICE GRAY CONT 02/05/2008

Electronic Signature of Signing Officer or Director — Date