

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005751

Entity Name: SERVERVAULT CORP.

FILED
Jan 27, 2009
Secretary of State

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
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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: CHARLES A. CREW

CFO

01/27/2009

Electronic Signature of Signing Officer or Director

Date