

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001301

FILED
Sep 16, 2010
Secretary of State

Entity Name: PREMATICs, INC.

Current Principal Place of Business:

8230 LEESBURG PLACE, STE 700
VIENNA, VA 22182

New Principal Place of Business:

8484 WESTPARK DR
#150
MCLEAN, VA 22102

Current Mailing Address:

8230 LEESBURG PLACE, STE 700
VIENNA, VA 22182

New Mailing Address:

8484 WESTPARK DR
#150
MCLEAN, VA 22102

FEI Number: 01-0839357

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

OFFICERS AND DIRECTORS:

Title: C
Name: BRADLEY, JAMES
Address: 8484 WESTPARK DR #150
City-St-Zip: MCLEAN, VA 22102

Title: D
Name: REDELFS, RICHARD
Address: 8484 WESTPARK DR #150
City-St-Zip: MCLEAN, VA 22102

Title: D
Name: MASSO, ANTHONY
Address: 8484 WESTPARK DR #150
City-St-Zip: MCLEAN, VA 22102

Title: CEO
Name: HUTCHINSON, KEVIN
Address: 8484 WESTPARK DR #150
City-St-Zip: MCLEAN, VA 22102

Title: AS
Name: KATES, DAVID
Address: 8484 WESTPARK DR #150
City-St-Zip: MCLEAN, VA 22102

Title: D
Name: NOVACK, KEN
Address: 8484 WESTPARK DR #150
City-St-Zip: MCLEAN, VA 22102

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: KEVIN HUTCHINSON

CEO

09/16/2010

Electronic Signature of Signing Officer or Director

_____ Date