2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F08000001704

Entity Name: PROLOGIC OF WV, INC.

FILED Nov 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1000 TECHNOLOGY DRIVE SUITE 3140 2000 GREEN RIVER DR. FAIRMONT, WV 26554 SUITE 115 FAIRMONT, WV 26554 **Current Mailing Address:** New Mailing Address: 2000 GREEN RIVER DR. 1000 TECHNOLOGY DRIVE SUITE 3140 FAIRMONT, WV 26554 SUITE 115 FAIRMONT, WV 26554 FEI Number: 55-0746190 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: INCORP SERVICES, INC 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470 US 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: JANICE NULL Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: PRFS (X) Change () Addition REDDY, JAY Name: Name: GORDON, DAN 1140 STEEPLECHASE DR 12734 KNIGHTSBRIDGE DR Address: Address: City-St-Zip: MORGANTOWN, WV 26508 City-St-Zip: WOODBRIDGE, VA 22192 DP Title: Title: () Delete SECR (X) Change () Addition Name: GORDON, DAN Name: HARDT, PATTY 12734 KNIGHTSBRIDGE DR 6109 OAKENGATE WAY Address: Address: WOODBRIDGE, VA 22192 CENTREVILLE, VA 20120 City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: DIR REDDY, SUNEETHA WHITE, FRANKLIN Name: Name: 1140 STEEPLECHASE DR 3436 TALBOTIST Address Address: City-St-Zip: MORGANTOWN, WV 26508 City-St-Zip: SAN DIEGO, CA 92106 Title: () Delete Title: DIR () Change (X) Addition BAUR, JAMES Name: Name: Address: Address: 2916 PINEWOOD CIRCLE City-St-Zip: City-St-Zip: SUFFOLK, VA 23435 Title: Title: () Change (X) Addition () Delete ROBUSTO, JOHN Name: Name: Address: Address: 23140 CLOVER RIDGE LN City-St-Zip: City-St-Zip: CALIFORNIA, MD 20619

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: PATTY G. HARDT SECR 11/09/2009