2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001710

Entity Name: EAM ASSOCIATES, INC.

Address: City-St-Zip:

COLUMBIA, MD 21044

FILED Mar 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10227 WINCOPIN CIRCLE SUITE 800 COLUMBIA, MD 21044 **Current Mailing Address: New Mailing Address:** 10227 WINCOPIN CIRCLE SUITE 800 COLUMBIA, MD 21044 FEI Number: 52-2332045 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: **B&C CORPORATE SERVICES OF CENTRAL FLORIDA** 390 N ORANGE AVE SUITE 1400 ORLANDO, FL 32801 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 () Change () Addition ROTHSCHILD, BRUCE I Name: Name: 10227 WINCOPIN CIRCLE SUITE 800 Address: Address: City-St-Zip: COLUMBIA, MD 21044 City-St-Zip: Title: Title: () Delete () Change () Addition MELLENDICK, CRAIG Name: Name: 10227 WINCOPIN CIRCLE SUITE 800 Address: Address: COLUMBIA, MD 21044 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition DONAHUE, JEFFREY D Name: Name: 10227 WINCOPIN CIRCLE SUITE 800 Address: Address: City-St-Zip: COLUMBIA, MD 21044 City-St-Zip: Title: () Delete Title: () Change () Addition WERHANE, CHARLES R Name: Name: Address: 10227 WINCOPIN CIRCLE SUITE 800 Address: City-St-Zip: COLUMBIA, MD 21044 City-St-Zip: Title: Title: () Delete () Change () Addition GALENTINE, JEFFREY Name: Name: 10227 WINCOPIN CIRCLE SUITE 800 Address:

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.

City-St-Zip:

SIGNATURE: BRUCE I. ROTHSCHILD CS 03/30/2009