2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F08000001804

Entity Name: CONSOLIDATED SAFETY SERVICES INCORPORATED

FILED Oct 15, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

10301 DEMOCRACY LANE 10301 DEMOCRACY LANE

FAIRFAX, VA 22030 STE 300

FAIRFAX, VA 22030

Current Mailing Address: New Mailing Address:

10301 DEMOCRACY LANE 10301 DEMOCRACY LANE FAIRFAX, VA 22030

STE 300

FAIRFAX, VA 22030

FEI Number: 54-1480935 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:

REGISTERED AGENTS LEGAL SERVICES, LLC 155 OFFICE PLAZA DR., STE. A TALLAHASSEE, FL 32301

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: MICHAEL ASHLEY

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: (X) Change () Addition JANCZEWSKI, JOLANDA JANCZEWSKI, JOLANDA Name: Name: 11705 AMKIN DR. 10613 DAYSAILER DRIVE Address: Address: City-St-Zip: CLIFTON, VA 20124 City-St-Zip: FAIRFAX STATION, VA 22039

Title: DVP Title: PRES (X) Change () Addition () Delete

LAUCHNER, DENNIS Name: LAUCHNER, DENNIS Name: 24165 N. 77 ST. 24165 N. 77 ST. Address: Address:

SCOTTSDALE, AZ 85255 SCOTTSDALE, AZ 85255 City-St-Zip: City-St-Zip:

Title: Title: () Delete () Change (X) Addition

Name: DUNN, MARY Name:

3117 PLANTATION PKWY Address: Address: City-St-Zip: City-St-Zip: FAIRFAX, VA 22030

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.

VΡ SIGNATURE: MARY DUNN 10/15/2009