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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023

: (614)280-3338

Phone Fax Number

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## REGISTERED AGENT CHANGE THE KEYW CORPORATION

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of che	unge is submitted .	tions 607.0502, 61 for a corporation gistered office or t	organized und	der the laws	of the State of		
1. The name of	the composition:	THE KEYW	CORPORA	TION			
	office address:	TO 40 MILL DOTTON			ANOVER, MD	21076	
3. The mailing a	address (if differe	nt):					
4. Date of incor	poration/qualifica	ntion: 09/11/2008	D	ocument nun	nber:F08000	003975	
		Tthe current regist If resigned, enter re		l registered (	office on file w	ith the	
	COGENCY GL	OBAL INC.					
	115 NORTH CA	ALHOUN STREET,	, ST 4				~
	TALLAHASSEE					SECR	06100
6. The name and (if changed):	d street address of	f the new registere	d agent (if cha	inged) and /c	or registered of	ME TANKY Mice	2019 DEC 20 AM 10: 17
	CT Corporation				,	_ 5	X
	c/o C T Corporat	ion System, 1200 S				STATE	<u>.</u>
	Plantation, Florid		NOT acceptable			\$	
		ed office and the s					agent,
Such change wa authorized by the	as authorized by the board, or the c	resolution duly ad corporation has be	lopted by its h en notified in	oard of dire writing of t	ctors or by an ie change.	officer so	
- Lu	re of the officer or the	tag	Ga		Assistant So		<del></del>
I hereby accept I further agree performance of	the appointment to comply with th (my duties, and I	as registered age the provisions of all am familiar with any filed merely la tion has been noti	ll statutes rela and accept th	to act in this tive to the p e obligation	capacity, roper and con of my position	nplete n as revister	red
By: Action.	moration System Assistant Secre	tary	12/	13/2019			
Sig	manure of Registered A	gent			Date	· · ·	
If signing on be	chalf of an entity:						
	Lisa DuBois						
Т	yped or Printed Name						

\* \* \* FILING FEE: \$35.00 \* \* \*