

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F08000005183

FILED
Oct 13, 2009
Secretary of State

Entity Name: ARMED FORCES SERVICES CORP.

Current Principal Place of Business:

2800 SHIRLINGTON ROAD STE 350
ARLINGTON, VA 22206

New Principal Place of Business:

Current Mailing Address:

2800 SHIRLINGTON ROAD STE 350
ARLINGTON, VA 22206

New Mailing Address:

FEI Number: 20-0897041

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: WAS TOLD BY FL DOS DOC THIS NOT REQUIRED

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:

Title: C () Delete
Name: HOSMER, BRADLEY C LT GEN
Address: PO BOX 1128
City-St-Zip: CEDAR CREST, NM 87008

Title: VC () Delete
Name: LEWIS, VERNON B JR MG
Address: ROADS END FARM 292 BALDWIN ROAD
City-St-Zip: KARNACK, TX 75661

Title: P () Delete
Name: DEUTSCH, GEOFFREY
Address: 2800 SHIRLINGTON ROAD STE 350
City-St-Zip: ARLINGTON, VA 22206

Title: V () Delete
Name: PUCKETT, MERIBETH
Address: 2800 SHIRLINGTON ROAD STE 350
City-St-Zip: ARLINGTON, VA 22206

Title: S () Delete
Name: MILLER, KEITH R
Address: 2800 SHIRLINGTON ROAD STE 350
City-St-Zip: ARLINGTON, VA 22206

Title: T () Delete
Name: MORTSON, JAMES M MBA CPA
Address: 2800 SHIRLINGTON ROAD STE 350
City-St-Zip: ARLINGTON, VA 22206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES M. MORTSON

CONT

10/13/2009

Electronic Signature of Signing Officer or Director

Date