

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005401

FILED
Apr 06, 2009
Secretary of State

Entity Name: VISION INTERCONNECT, INC.

Current Principal Place of Business:

530 MCCORMICK DR SUITE J
GLEN BURNIE, MD 21061

New Principal Place of Business:

Current Mailing Address:

530 MCCORMICK DR SUITE J
GLEN BURNIE, MD 21061

New Mailing Address:

FEI Number: 52-2239640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHETRONE, JOHN
Address: 285 EAGLE HILL RD
City-St-Zip: PASADENA, MD 21122

Title: VPD () Delete
Name: NOLAN, KEVIN
Address: 900 VERNON VIEW DR
City-St-Zip: ALEXANDRIA, VA 22308

Title: STD () Delete
Name: QUADE, S MICHAEL
Address: 940FOREST BAY CT
City-St-Zip: GAMBRILLS, MD 21054

Title: D () Delete
Name: SAXON, AL
Address: 11006 BREWERS DR
City-St-Zip: PERRY HALL, MD 211288950

Title: D () Delete
Name: SANDBERG, MICHAEL
Address: 12645 TERRYMILL DR
City-St-Zip: HERNDON, VA 20170

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
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: S. MICHAEL QUADE

SECR

04/06/2009

Electronic Signature of Signing Officer or Director

Date