

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005401

FILED
May 01, 2012
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:

530 MCCORMICK DR
SUITE J
GLEN BURNIE, MD 21061

Current Mailing Address:

530 MCCORMICK DR SUITE J
GLEN BURNIE, MD 21061

New Mailing Address:

530 MCCORMICK DR
SUITE J
GLEN BURNIE, MD 21061

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.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

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

Title: VPD
Name: NOLAN, KEVIN
Address: 9000 VERNON VIEW DR
City-St-Zip: ALEXANDRIA, VA 22308

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: S MICHAEL QUADE

CFO

05/01/2012

Electronic Signature of Signing Officer or Director

Date