

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F09000001234

Entity Name: ASI GOVERNMENT, INC.

FILED
Oct 13, 2010
Secretary of State

Current Principal Place of Business:

1655 N FORT MYER DR
#1000
ARLINGTON, VA 22209

New Principal Place of Business:

Current Mailing Address:

1655 N FORT MYER DR
#1000
ARLINGTON, VA 22209

New Mailing Address:

FEI Number: 54-1962068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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: SHERYL A. GIBBS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD
Name: COSTELLO, ANN
Address: 1655 N FORT MYER DRIVE #1000
City-St-Zip: ARLINGTON, VA 22209

Title: PD
Name: REED, ANNE CEO
Address: 1655 N FORT MYER DRIVE #1000
City-St-Zip: ARLINGTON, VA 22209

Title: VPST
Name: HECKMAN, RYAN
Address: 1655 N FORT MYER DRIVE #1000
City-St-Zip: ARLINGTON, VA 22209

Title: D
Name: HECKMAN, RYAN
Address: 1655 N FORT MYER DRIVE #1000
City-St-Zip: ARLINGTON, VA 22209

Title: D
Name: MARTIN, ROBERT
Address: 1655 N FORT MYER DRIVE #1000
City-St-Zip: ARLINGTON, VA 22209

Title: D
Name: KESSENICH, DAVID
Address: 1655 N FORT MYER DRIVE #1000
City-St-Zip: ARLINGTON, VA 22209

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: GREGORY S. DUNN

CFO

10/13/2010

Electronic Signature of Signing Officer or Director

Date