

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000585

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** CYBERNET INFORMATION ASSURANCE CORPORATION

**Current Principal Place of Business:**

3885 RESEARCH PARK DRIVE  
ANN ARBOR, MI 48108

**New Principal Place of Business:**

**Current Mailing Address:**

3885 RESEARCH PARK DRIVE  
ANN ARBOR, MI 48108

**New Mailing Address:**

**FEI Number:** 43-0924383

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERNHARDT, PAUL  
11486 CORPORATE BLVD.  
SUITE 151  
ORLANDO, FL 32817 US

**Name and Address of New Registered Agent:**

HARPER, RONALD  
11486 CORPORATE BLVD.  
SUITE 151  
ORLANDO, FL 32817 US

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: RONALD HARPER

02/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: JACOBUS, HEIDI N  
Address: 3885 RESEARCH PARK DRIVE  
City-St-Zip: ANN ARBOR, MI 48108

Title: PD  
Name: JACOBUS, CHARLES J  
Address: 3885 RESEARCH PARK DRIVE  
City-St-Zip: ANN ARBOR, MI 48108

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: HEIDI N. JACOBUS

CEO

02/07/2012

Electronic Signature of Signing Officer or Director

Date