

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 MAY 12 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004296	
Entity Name INNOVATIVE LOGISTICS TECHNIQUES, INC.	

Principal Place of Business 1751 PINNACLE DRIVE SUITE #600 MCLEAN, VA 22102 US	Mailing Address 1751 PINNACLE DRIVE SUITE #600 MCLEAN, VA 22102 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. # etc.	Suite, Apt. # etc.
City & State	City & State
Zip	Country



05002009-0122098 (1/07)	REINSTATEMENT
4. FEI Number 54-1502670	Applied Fee Not Applicable

6. Name and Address of Current Registered Agent HAMMOND, THADDEUS 12021 SHOOTING STAR COURT JACKSONVILLE, FL 32246	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent	
SIGNATURE <i>Thaddeus Hammond</i> Thaddeus Hammond	4-29-09

FILE NOW!!! FEE IS \$900.00	(NOTE: Registered Agent signature required when reinstating)	DATE
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC HAMMOND, VERLE B 1751 PINNACLE DRIVE SUITE #600 MCLEAN, VA 22102 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAMMOND, ELEANOR D 1751 PINNACLE DRIVE SUITE #600 MCLEAN, VA 22102 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOLMES, PAMELA R 1751 PINNACLE DRIVE SUITE #600 MCLEAN, VA 22102 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS WILLIAMS, VERONNE 1751 PINNACLE DRIVE SUITE #600 MCLEAN, VA 22102 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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SIGNATURE: <i>Pamela R. Holmes</i> Pamela R. Holmes	4-29-09	703-287-2320
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