2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F97000001847

Entity Name: N.E.T. FEDERAL, INC.

Title:

Name:

Address: City-St-Zip:

FILED Oct 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 21660 RIDGETOP CIRCLE # 100 DULLES, VA 20147 **New Mailing Address: Current Mailing Address:** 6900 PASEO PADRE PKWY FREMONT, CA 94555 FEI Number: 54-1455392 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRENTICE HALL CORPORATION SYSTEMS, INC. 1201 HAYS STREET #105 TALLAHASSEE, FL 32301 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: CORPORATION SERVICE CO - STEPHANIE ORR Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HOECK, DENNIS Name: Name: 6900 PASEO PADRE PKWY Address: Address: City-St-Zip: FREMONT, CA 94555 City-St-Zip: Title: Title: () Delete () Change () Addition Name: PINER LILY Name: 6900 PASEO PADRE PKWY Address: Address: FREMONT, CA 94555 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition NELSON, DEBORAH Name: Name: 21660 RIDGETOP CIRCLE # 100 Address: Address: City-St-Zip: DULLES, VA 20147 City-St-Zip: Title: PD () Delete Title: (X) Change () Addition LAU, GARY L FITZPATRICK, JAMES T Name: Name: Address: 21660 RIDGETOP CIRCLE, # 100 Address: 21660 RIDGETOP CIRCLE, # 100 City-St-Zip: DULLES, VA 20147 City-St-Zip: DULLES, VA 20147

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN F. MCGRATH D 10/20/2009

() Delete

MCGRATH, JOHN F JR

FREMONT, CA 94555

6900 PASEO PADRE PKWY

() Change () Addition