## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000003301

Entity Name: VIABLE INFORMATION SYSTEMS, INC.

Apr 14, 2010 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

ONE WEST PENNSYLVANIA AVE. SUITE 700 ONE WEST PENNSYLVANIA AVE. TOWSON, MD 21204

SUITE 700

TOWSON, MD 21204

**Current Mailing Address: New Mailing Address:** 

ONE WEST PENNSYLVANIA AVE. SUITE 700 ONE WEST PENNSYLVANIA AVE.

TOWSON, MD 21204 SUITE 700

TOWSON, MD 21204

FEI Number: 52-1148364 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:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

Name: LEHRER, ARTHUR

ONE WEST PENNSYLVANIA AVE., SUITE 700 Address:

City-St-Zip: TOWSON, MD 21204

Title:

Name: ASLAKSEN JULIE P

ONE WEST PENNSYLVANIA AVE. SUITE 700 Address:

TOWSON, MD 21204 City-St-Zip:

Title: TRES

FOGG, DAVID H Name:

ONE WEST PENNSYLVANIA AVE. SUITE 700 Address:

City-St-Zip: TOWSON, MD 21204

Title: DIR

JOHNSON, S. DANIEL Name:

Address: ONE WEST PENNSYLVANIA AVE. SUITE 700

City-St-Zip: TOWSON, MD 21204

Title: DIR

Name: DEMURO, GERARD J

ONE WEST PENNSYLVANIA AVE. SUITE 700 Address:

City-St-Zip: **TOWSON, MD 21204** 

Title: DIR

Name: REDD, HUGH

ONE WEST PENNSYLVANIA AVE. SUITE 700 Address:

City-St-Zip: TOWSON, MD 21204

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: MANDELINE HENDRICKS POA 04/14/2010