2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001805

FILED Jan 22, 2009 Secretary of State

Entity Name: CHELONIAN RESEARCH INSTITUTE CORPORATION

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

402 S. CENTRAL AVE. OVIEDO, FL 32765

Current Mailing Address: New Mailing Address:

1900 ORACLE WAY SUITE 700 RESTON, VA 201904733

FEI Number: 59-3661056 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:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012699 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete TRULAND, ROBERT W TRULAND, ROBERT W Name: Name: 15800 DARENSTOWN RD. Address: 15800 DARENSTOWN RD. Address: City-St-Zip: GERMANTOWN, MD 20874 City-St-Zip: GERMANTOWN, MD 20874

Title: () Delete Title: () Change () Addition

PRITCHARD, PETER Name: Name: Address: 401 S. CENTRAL AVE. Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

MOINI, INGRID A Name: PRITCHARD, PETER Name: 1900 ORACLE WAY, SUITE 700 401 S.CENTRAL AVE. Address: Address: City-St-Zip: RESTON, VA 201904733 City-St-Zip: OVIEDO, F 32765

Title: () Delete Title: (X) Change () Addition

JORDAN, JOHN T Name: Name: TRULAND, MARY

1900 ORACLE WAY, SUITE 700 15800 DARNESTOWN ROAD Address: Address: City-St-Zip: RESTON, VA 201904733 City-St-Zip: GERMANTOWN, M 20874

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W TRULAND **PRES** 01/22/2009