2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000003357

Entity Name: ARGOS FOUNDATION, INC.

Oct 12, 2009 Secretary of State

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

450 ROSEDALE DRIVE 2023 N ATLANTIC AVE

SATELLITE BEACH, FL 32937 NO 277

COCOA BEACH, FL 32931

Current Mailing Address: New Mailing Address:

P.O. BOX 1048 2023 N ATLANTIC AVE CAPE CANAVERAL, FL 32920

NO 277

COCOA BEACH, FL 32931

FEI Number: 02-0716480 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

MORGAN, GARY W MGR 450 ROSEDALE DRIVE

SATELLITE BEACH, FL 32937 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: GWM

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CDP (X) Change () Addition () Delete MORGAN, STEPHEN L MR MORGAN, STEPHEN L MR Name: Name: 8116 ARLINGTON BLVD NO 196 Address: 2023 N ATLANTIC AVE NO 277 Address: City-St-Zip: FALLS CHURCH, VA 22042 US City-St-Zip: COCOA BEACH, FL 32931 US

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

MORGAN, GARY W MR Name: Name: Address: 450 ROSEDALE DR Address: SATELLITE BEACH, FL 32937 US City-St-Zip: City-St-Zip:

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

ADOMANIS, CHRISTOPHER T CPA Name: Name: Address: 1441 MCCORMICK DRIVE SUITE 1050 Address: City-St-Zip: LARGO, MD 20774 US City-St-Zip:

(X) Change () Addition Title: () Delete Title: Name: DIBELLO, FRANCIS A MR Name: KLIRS, ESTELLE D MS 403 BREVARD AVENUE, SUITE 1 8116 ARLINGTON BLVD NO 196 Address: Address:

City-St-Zip: COCOA, FL 32922 US City-St-Zip: FALLS CHURCH, VA 22042 US Title:

Title: () Delete (X) Change () Addition IKIN, KIRBY D MR GOETSCH, KEITH L CPENG Name: Name:

1 TREGENNA CLOSE ST. IVES P.O. BOX 433 Address: Address:

City-St-Zip: SYDNEY, NS 2075 AU City-St-Zip: SOUTHPORT, QL 4217 AU

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

GOETSCH, KEITH L CPENG Name: Name: Address: P.O. BOX 433 Address: SOUTHPORT, QL 4217 AU City-St-Zip: City-St-Zip:

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: STEPHEN LEE MORGAN CDP 10/12/2009

Electronic Signature of Signing Officer or Director

Date