

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000067019

Entity Name: ABM RESEARCH INC.

FILED  
Oct 13, 2005  
Secretary of State

**Current Principal Place of Business:**

30 WEST MASHTA DR  
STE 600  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

30 WEST MASHTA DR  
STE 600  
KEY BISCAYNE, FL 33149

FEI Number: 32-0018614

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**New Principal Place of Business:**

30 WEST MASHTA DR  
STE 500  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

30 WEST MASHTA DR  
STE 500  
KEY BISCAYNE, FL 33149

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

MELNIK, CLAUDIA  
30 W MASHTA DR  
STE 600  
KEY BISCAYNE, FL 33149 US

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

MELNIK, CLAUDIA  
30 W MASHTA DR  
STE 500  
KEY BISCAYNE, FL 33149 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: CLAUDIA MELNIK

10/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: MGRO ( ) Delete  
Name: MELNIK, CLAUDIA  
Address: 30 WEST MASHTA DR #600  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MGRO (X) Change ( ) Addition  
Name: MELNIK, CLAUDIA  
Address: 30 WEST MASHTA DR #500  
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: CLAUDIA MELNIK

MS

10/13/2005

Electronic Signature of Signing Officer or Director

Date