

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000067019

FILED
Nov 24, 2009
Secretary of State

Entity Name: ABM RESEARCH INC.

Current Principal Place of Business:

30 WEST MASHTA DR
STE 500
KEY BISCAYNE, FL 33149

New Principal Place of Business:

555 NE 15 STREET
200
MIAMI, FL 33132 US

Current Mailing Address:

30 WEST MASHTA DR
STE 500
KEY BISCAYNE, FL 33149

New Mailing Address:

555 NE 15 STREET
200
MIAMI, FL 33132 US

FEI Number: 32-0018614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
SUITE 1500 (TJM)
MIAMI, FL 33131 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: CAVELL J. ANDERSON, ASST. SECRETARY

11/24/2009

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 #500
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRO () Delete
Name: BORTNIK, MARINA
Address: 30 WEST MASHTA DR SUITE 500
City-St-Zip: KEY BISCAYNE, FL 33149 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BEASLEY, RON
Address: 457 N. CALLE ROLPH
City-St-Zip: PALM SPRINGS, CA 92262 US

Title: SEC (X) Change () Addition
Name: LANDAU, SUZANNE
Address: 457 N. CALLE ROLPH
City-St-Zip: PALM SPRINGS, CA 92262 US

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.

SIGNATURE: RON BEASLEY

P

11/24/2009

Electronic Signature of Signing Officer or Director

Date