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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03124

REINSTATEMENT 03

1. Corporation Name

RRD Cogeneration Inc.

2. Principal Office Address	3. Mailing Office Address
14950 Conference Ctr. Dr.	c/o Mary Sullivan
Suite, Apt. #, etc.	Suite, Apt. #, etc.
100	14850 Conference Ctr. Dr. #100
City & State	City & State
Chantilly, VA	Chantilly, VA
Zip / Country	Zip / Country
20151 / US	20151 / US

4. Date Incorporated or Qualified To Do Business in Florida: August 22, 1984

5. FEI Number: 13-3229803 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee — State: FL — Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Patricia Pruitt — REGISTERED AGENT MUST SIGN — Date: 11/20/2003

CR2E051 (1/96)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	David J. Whetton	14850 Conference Ctr. Dr.	Chantilly, VA 20151
VP	Thomas P. Dale	14850 Conference Ctr. Dr.	Chantilly, VA 20151
Sec	Mary S. Sullivan	14850 Conference Ctr. Dr.	Chantilly, VA 20151
Cont	Kenneth B. Patterson	14850 Conference Ctr. Dr.	Chantilly, VA 20151
Treas	Michael Elliott	14850 Conference Ctr. Dr.	Chantilly, VA 20151
VP	Richard Addi	14850 Conference Ctr. Dr.	Chantilly, VA 20151

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Mary S. Sullivan, Secretary — 11/20/2003 — (703)621-2786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
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CORPORATION REINSTATEMENT

RRD COGENERATION INC.

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