

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000103590

Entity Name: ALIGNNETWORKS, INC.

FILED
Oct 09, 2007
Secretary of State

Current Principal Place of Business:

11655 CENTRAL PARKWAY, SUITE 306
JACKSONVILLE, FL 32224

New Principal Place of Business:

7785 BAYMEADOWS WAY
SUITE 302
JACKSONVILLE, FL 32256

Current Mailing Address:

11655 CENTRAL PARKWAY, SUITE 306
JACKSONVILLE, FL 32224

New Mailing Address:

7785 BAYMEADOWS WAY
SUITE 302
JACKSONVILLE, FL 32256

FEI Number: 04-3821114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFSTETTER, RONALD E
113 NATURES WAY
PONTE VEDRA, FL 32082 US

Name and Address of New Registered Agent:

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: RONALD E HOFSTETTER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: QUICK, AARON
Address: 3265 COUNTRY KNOLL DR.
City-St-Zip: ST CHARLES, MO 63303

Title: D () Delete
Name: HOFSTETTER, RONALD E
Address: 113 NATURES WAY
City-St-Zip: PONTE VEDRA, FL 32082

Title: D () Delete
Name: GRATTAN, WILLIAM T
Address: 812 BAY TREE LANE
City-St-Zip: PONTE VEDRA, FL 32082

Title: D () Delete
Name: OLSON, DAVID R
Address: 1412 JESSICA WAY
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: OLSON, DAVID R
Address: 201 SOUTH ROSCOE BLVD
City-St-Zip: PONTE VEDRA BCH, FL 32082

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: GINA MEDLOCK

D

10/09/2007

Electronic Signature of Signing Officer or Director

Date