
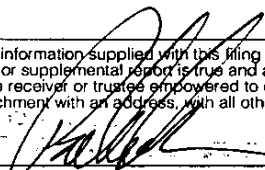


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90022 045 \*\*\*150.00

<b>DOCUMENT # P34205</b> 1. Entity Name <b>TELVENT FARRADYNE INC.</b>			
Principal Place of Business <b>7000A HOLLISTER ROAD HOUSTON, TX 77040 US</b>		Mailing Address <b>7000A HOLLISTER ROAD HOUSTON, TX 77040 US</b>	
2. Principal Place of Business - No P.O. Box # <b>3206 Tower Oaks Boulevard</b>		3. Mailing Address <b>3206 Tower Oaks Boulevard</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Rockville, MD</b>		City & State <b>Rockville, MD</b>	
Zip <b>20852</b>		Zip <b>20852</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>52-1366064</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>PRES YERMACK, LAWRENCE 3206 TOWER OAKS BLVD ROCKVILLE, MD 20852</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>VP REYNOLD, JAMES 3206 TOWER OAKS BLVD ROCKVILLE, MD 20852</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>TREA PHELPS, TIMOTHY 3206 TOWER OAKS BLVD ROCKVILLE, MD 20852</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>SECR DEMCOE, CAMERON 3206 TOWER OAKS BLVD ROCKVILLE, MD 20852</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>DIR JARDINE, DAVID 3206 TOWER OAKS BLVD. ROCKVILLE, MD 20852</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> 		Date: <b>2/25/08</b> Daytime Phone #: <b>(301) 816 4351</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			