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FILED

7-18-67 (703)352-0900

2001 UNIFORM BUSINESS REPORT (UBR)

Aug 08, 2001 8:00 am Secretary of State DOCUMENT # P38757 1. Entity Name HEADSTRONG, INC. 08-08-2001 90003 038 ***550.00 Principal Place of Business Mailing Address 3050 CHAIN BRIDGE ROAD 3050 CHAIN BRIDGE ROAD ഞ ന FAIRFAX VA 22030 FAIRFAX VA 22030 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 54-1253757 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST TALLAHASSEE FL 32301 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition (5/01) GORMAN, JOHN NAME NAME 3050 CHAIN BRIDGE ROAD/STE. 600 CR2E034 STREET ADDRESS CITY-ST-ZIP FAIRFAX VA 22030 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition BLITZ. NELSON NAME NAME 3050 CHAIN BRIDGE ROAD/STE. 600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FAIRFAX VA 22030 CITY-ST-ZIP Delete ☐ Addition TITLE ☐ Change TITLE NAME RUSSELL, WILLIAM J NAME STREET ADDRESS 3050 CHAIN BRIDGE ROAD/STE. 600 STREET-ADDRESS CITY-ST-7IP CITY-ST-7IP FAIRFAX VA 22030 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if

REQUIREDNelson Blitz

SIGNATURE: