2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 04, 2007
Secretary of State

DOCUMENT# P38936

Entity Name: SYSTEMS ENGINEERING SOLUTIONS, INCORPORATED

Current Principal Place of Business:

2301 GALLOWS RD.
SUITE 200
DUNN LORING, VA 22027

New Principal Place of Business:

Current Mailing Address:

2301 GALLOWS RD.
SUITE 200
DUNN LORING, VA 22027

New Mailing Address:

FEI Number: 54-1430757 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCDONALD, ROY
6980 TURTLEMOUND ROAD
NEW SMYRNA BEACH, FL 32169 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: ROY MCDONALD

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: P ( ) Delete
Name: WILLIAMS, ALISHA
Address: 642 W. SPRING STREET
City-St-Zip: WOODSTOCK, VA 22664

Title: EVP ( ) Delete
Name: MCDONALD, ROY
Address: 6980 TURTLEMOUND ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S ( ) Delete
Name: CIANFLONE, JOHN
Address: 2411 HOLT ST.
City-St-Zip: VIENNA, VA

Title: S ( ) Delete
Name: MCDONALD, DENISE
Address: 6980 TURTLEMOUND ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S ( ) Delete
Name: MCDONALD, CLAIRE
Address: 6980 TURTLEMOUND ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

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

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: ALISHA WILLIAMS PRES 10/04/2007

Electronic Signature of Signing Officer or Director — Date