## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P39245

Entity Name: LXE, INC.

FILED Apr 16, 2009 Secretary of State

Entity Na	me: LXE, INC					
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	INOLOGY PKW SS, GA 30092					
Current Mailing Address:			New Mailing Address:			
	INOLOGY PKW SS, GA 30092					
FEI Number	: 58-1829757	FEI Number Applied For()	FEI Number Not App	icable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
1200 SOU	PORATION SYS ITH PINE ISLAI ION, FL 33324	ND ROAD				
	e named entity s e of Florida.	submits this statement for the	e purpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electron	ic Signature of Registered A	gent		Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ( ).				
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	S ( ) RIES, TIMOTHY 660 ENGINEER NORCROSS, G	ING DRIVE	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T ( ) SCARTZ, DON 660 ENGINEER NORCROSS, G	ING DRIVE	Title: Name: Address: City-St-Zip:	SHELL, GAR	ERING DRIVE	
Title: Name: Address: City-St-Zip:	CEO ( ) DOMORSKI, PA 660 ENGINEER NORCROSS, G	ING DRIVE	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title:	P ()	Delete	Title:	Р	(X) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

ROEDER, WILLIAM H

NORCROSS, GA 30092

125 TECHNOLOGY PARKWAY

SIGNATURE: WILLIAM H. ROEDER GM 04/16/2009

CHILDRESS, JAMES S

NORCROSS, GA 30092

125 TECHNOLOGY PARKWAY

Name:

Address:

City-St-Zip: