2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000019370

Entity Name: DRS SONETICOM, INC.

FILED Oct 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1045 S JOHN RODES BLVD WEST MELBOURNE, FL 32904 US

Current Mailing Address: New Mailing Address:

1045 S JOHN RODES BLVD WEST MELBOURNE, FL 32904 US

FEI Number: 59-3498864 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

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:

Electronic Signature of Registered Agent Date

Electronic eignature of Registered Age

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: REYNOLDS, TIMOTHY A Name: DANFORTH, RICHARD S

Address: 3870 GARVIN LAKE DRIVE Address: 7600 WISCONSIN AVENUE, SUITE 1000 (10THFL)

City-St-Zip: PALM BAY, FL 32909 City-St-Zip: BETHESDA, MD 20814

Title: VTD () Delete Title: VPGM (X) Change () Addition

 Name:
 KINGSLEY, JAMES F
 Name:
 REYNOLDS, TIMOTHY A

 Address:
 496 ST. JOHNS DRIVE
 Address:
 1045 S. JOHN RODES BLVD

 City-St-Zip:
 SATELLITE BEACH, FL 32937
 City-St-Zip:
 WEST MELBOUURNE, FL 32904

Title: VSD () Delete Title: TCFO (X) Change () Addition

Name: FINNEY, CARL M Name: DANN, ROBERT J

Address: 43780 WOODWORTH CT Address: 7600 WISCONSIN AVENUE, SUITE 1000 (10THFL)

City-St-Zip: ASHBURN, VA 20147 City-St-Zip: BETHESDA, MD 20814

Title: () Delete Title: CTO () Change (X) Addition

 Name:
 Name:
 RINSKY, JASON

 Address:
 Address:
 5 SYLVAN WAY

 City-St-Zip:
 City-St-Zip:
 PARSIPPANY, NJ 07054

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: JASON RINSKY CTO 10/05/2009