



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 157c*

CORPORATION


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 01 NOV 14 AM 9:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F00000009077
1. Corporation Name
 EMERGENT INFORMATION TECHNOLOGIES - EAST, INC.

2. Principal Office Address 4695 MACARTHUR COURT Suite, Apt. #, etc. 8TH FLOOR City & State NEWPORT BEACH, CA Zip 92660	3. Mailing Office Address 4695 MACARTHUR COURT Suite, Apt. #, etc. 8TH FLOOR City & State NEWPORT BEACH, CA Zip 92660
Country ORANGE	Country ORANGE

4. Date Incorporated or Qualified To Do Business in Florida 12/20/2000

5. FEI Number 541035921	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name NRAI SERVICES INC.	500004693575--0 -11/26/01--01071--001
Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVENUE	****558.75 ****558.75
Suite, Apt. #, Etc.	
City TALLAHASSEE	State FL Zip Code 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.
 Signature of Registered Agent BY: *C. Baclet* **C. Baclet, VP** Date *11-14-01*
 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PLEASE SEE ATTACHED			

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Irma Y. Egert* **Irma Y. Egert** Date *11-8-01* Daytime Phone # *(949) 975-1487*

CR2E081 (9/00)

Page 2 of 2

Emergent Information Technologies – East
(wholly-owned subsidiary of Emergent Information Technologies, Inc.)
formerly known as Decision-Science Applications, Inc.

ATTACHMENT

Current Board of Directors:

Steven S. Myers
Cathy L. Wood
Albert S. Nagy

Chairman
Director
Director

4695 MacArthur Ct, 8th Flr, Newport Beach, CA 92660
4695 MacArthur Ct, 8th Flr, Newport Beach, CA 92660
4695 MacArthur Ct, 8th Flr, Newport Beach, CA 92660

Current Officers:

Steven S. Myers
Ronald S. Oakley
Cathy L. Wood
Nati Sedaghat
Imna Y. Eggert

President
Group President and General Manager
Chief Financial Officer and Corporate Secretary
VP, Corporate Controller
Assistant Corporate Secretary

4695 MacArthur Ct, 8th Flr, Newport Beach, CA 92660
2600 Park Tower Drive, Ste 800, Vienna, VA 22180
4695 MacArthur Ct, 8th Flr, Newport Beach, CA 92660
4695 MacArthur Ct, 8th Flr, Newport Beach, CA 92660
4695 MacArthur Ct, 8th Flr, Newport Beach, CA 92660

CORP/DIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY HICKS

DATE: 11-14-07

REF. #: 0173. 3242

CORP. NAME: Emergent Information Technologies East, Inc

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input checked="" type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: _____ | | |

RECEIVED
NOV 14 PM 3:37
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

STATE FEES PREPAID WITH CHECK# 30191 FOR \$ 558.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|---|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input checked="" type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials