


# 2008 FOR PROFIT CORPORATION REINSTATEMENT


FILED

OCT 30 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F06000004556</b> 1. Entity Name <b>AWS CONVERGENCE TECHNOLOGIES, INC.</b>	
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Principal Place of Business <b>12410 MILESTONE CENTER DRIVE GERMANTOWN, MD 20876</b>	Mailing Address <b>12410 MILESTONE CENTER DRIVE GERMANTOWN, MD 20876</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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10232008 REIN-P CR2E098 (1/07)
4. FEI Number <b>52-2252566</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00  
 After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP MARSHALL, ROBERT <input type="checkbox"/> Delete 10130 GREENSWALD LINK LJAMSVILLE, MD 21754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SPAULDING, RICHARD <input type="checkbox"/> Delete 13125 SCARLET OAK DRIVE DARNESTOWN, MD 20878
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SPAULDING, RICHARD <input type="checkbox"/> Delete 13125 SCARLET OAK DRIVE DARNESTOWN, MD 20878
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SLOOP, CHRISTOPHER <input type="checkbox"/> Delete 305 THORNBERRY COURT MT AIRY, MD 21771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTO SLOOP, CHRISTOPHER <input type="checkbox"/> Delete 305 THORNBERRY COURT MT AIRY, MD 21771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.5em; font-weight: bold;">                         600137478316                          10/30/08--01024--009 **750.00                     </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 2em; font-weight: bold; opacity: 0.5;">                         REINSTATEMENT 2008                     </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Robert S. Marshall 361-250-4105  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #