

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009 401.222.30 Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(ccdd)) is subject to a penalty fee of \$25.00.

| 1. Corporate II) No. | | | | | by law (R.I.G.L. 7-1.2-1501(c |
|---|----------------------------|------------------------------------|--|--|-------------------------------|
| 147561 | 2. Name of Co SundRy Ir | rporation ncorporated | | | |
| 3. Street Address Principal Business Office 4704 Walney Knoll Ct | | | City Chantilly | State VA | Zip |
| 4. Business Phone No. 703-378-5758 | | 5. State of Incorporation Virginia | | Į VA | 20151 |
| 6. Brief Description of the Charact Systems Integration and | Consulting | | | | |
| . NAMES AND ADDRESS President Name Thomas H. Sundstrom | ES OF THE OFF | ICERS: ("X" BOX FOR ATT | The Fresident Name | | NG ATTACHMENTS |
| Street Address 55 Tea House Lane City | | | Kathleen E. Репту Street Address 55 Tea House Lane | | |
| Warwick Cecretary Name | State RI | ^{Zip} 02889 | City Warwick | State RI | ^{Zφ} 02889 |
| Thomas H. Sundstrom | | | Treasurer Name Kathleen E, Perry | | |
| 55 Tea House Lane | | | Street Address 55 Tea House Lane | | |
| Varwick | State RI | ^{Zip} 02889 | City Warwick | State RI | <i>Ζψ</i> 02889 |
| Pirector Name None | S OF THE DIRE | CTORS: ("X" BOX FOR AT | | IN SPACES BEFORE USI | |
| NOTIE | | | Director Name | | |
| | | | Director Name Street Address | | |
| reel Address | State | Zip | Intector Name | State | Zip |
| reel Address | State | Zip | Street Address | State | Zip |
| reet Address ily rector Name | State | Zip | Street Address City | State | Zip |
| reel Address ly rector Name reel Address | State State | Zip Zip | Street Address City Director Name | State State | Zip Zip |
| reel Address ity rector Name reet Address ty SHARES AUTHORIZED | State | Zψ | Street Address City Director Name Street Address City 10. SHARES ISSUED | State State O ("X" BOX FOR ATTAC | Zip CHMENT) |
| reet Address Pector Name rector Name reet Address SHARES AUTHORIZED Dis information is currently | State Of record in the | Zip Office of the Second of | Street Address City Director Name Street Address City 10. SHARES ISSUED | State | Zip CHMENT) [] |
| reel Address Iy rector Name reel Address y SHARES AUTHORIZED | State Of record in the | Zip Office of the Second of | Director Name City Director Name Street Address City 10. SHARES ISSUED ISSUED SHARES — THIS SI | State O ("X" BOX FOR ATTACE ECTION MUST BE COMPLETE | Zip CHMENT) |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. File Date Check No. Kathleen E. Perry Print or Type Name V.P. & Treasurer FOR SECRETARY OF STATE USE ONLY Title Form 630 Rev. 08/08