

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856302

FILED  
Mar 19, 2011  
Secretary of State

Entity Name: VECTORSGI, INC.

**Current Principal Place of Business:**

113 SEABOARD LANE  
SUITE A-200  
FRANKLIN, TN 37067

**New Principal Place of Business:**

15301 DALLAS PARKWAY  
SUITE 500  
ADDISON, TX 75001-467

**Current Mailing Address:**

113 SEABOARD LANE  
SUITE A-200  
FRANKLIN, TN 37067

**New Mailing Address:**

15301 DALLAS PARKWAY  
SUITE 500  
ADDISON, TX 75001-467

FEI Number: 75-1866668

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: D'ANGELO, FRANK  
Address: 15301 DALLAS PARKWAY, SUITE 500  
City-St-Zip: ADDISON, TX 75001-467

Title: SVPT  
Name: LARSEN, KIRK T  
Address: 15301 DALLAS PARKWAY, SUITE 500  
City-St-Zip: ADDISON, TX 75001-467

Title: DSEC  
Name: GRAVELLE, MICHAEL L  
Address: 15301 DALLAS PARKWAY, SUITE 500  
City-St-Zip: ADDISON, TX 75001-467

Title: DIR  
Name: NORCROSS, GARY A  
Address: 15301 DALLAS PARKWAY, SUITE 500  
City-St-Zip: ADDISON, TX 75001-467

I hereby 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 all other like empowered.

SIGNATURE: KELLY LETTMANN

POA

03/19/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date