


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 23, 2008 8:00 am**  
**Secretary of State**

05-23-2008 90019 009 \*\*\*150.00

<b>DOCUMENT # F02000000969</b>	
1. Entity Name ACSYS, INC.	

Principal Place of Business 100 NORTH TAMPA ST. ✓ 1950 ✓ TAMPA FL 33602 ✓	Mailing Address 111 ANZA BLVD. SUITE 400 BURLINGAME CA 94010
--	---

40104006



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number <b>58-2299173</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 and his title (if applicable) (NOTE: Registered Agent's signature required when combining)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	UNROE, JOHN P <input type="checkbox"/> Delete	TITLE <b>PRESIDENT/DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	111 ANZA BLVD, SUITE 400	NAME	
STREET ADDRESS	BURLINGAME CA 94010	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE D	READER, COLIN <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition
NAME	ZIGGURAT GROSVENOR RD ST ALBANS	NAME	
STREET ADDRESS	HERTFORDSHIRE UK ENGLAND al-i3hw	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE V	PRUSKO, JOSEPH <input type="checkbox"/> Delete	TITLE <b>VP/DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	111 ANZA BLVD., SUITE 400	NAME	
STREET ADDRESS	BURLINGAME CA 94010	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE S	BRANGAN, SANDRA <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	111 ANA BLVD, STE 400	NAME	
STREET ADDRESS	BURLINGAME CA 94010	STREET ADDRESS	<b>111 ANZA BLVD., STE. 400</b>
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joseph Prusko Joseph Prusko 4/28/08 (650) 579-1111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #