

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000554

FILED
Apr 25, 2011
Secretary of State

Entity Name: DISPENSING SOLUTIONS, INC.

Current Principal Place of Business:

3000 WEST WARNER AVENUE
SANTA ANA, CA 92704

New Principal Place of Business:

4345 SOUTHPOINT BLVD.
JACKSONVILLE, FL 32216

Current Mailing Address:

3000 WEST WARNER AVENUE
SANTA ANA, CA 92704

New Mailing Address:

4345 SOUTHPOINT BLVD.
JACKSONVILLE, FL 32216

FEI Number: 33-0953266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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: VP
Name: BRONSON, DAVID
Address: 4345 SOUTHPOINT BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPT
Name: KLARNER, DAVID D
Address: 4345 SOUTHPOINT BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPS
Name: DERIENZIS, JOSHUA
Address: 4345 SOUTHPOINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP
Name: BRYANT, GUY
Address: 4345 SOUTHPOINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP
Name: FENEK, PAUL
Address: 4345 SOUTHPOINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

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: DAVID D. KLARNER

VPT

04/25/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date