

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001311

FILED
Feb 15, 2011
Secretary of State

Entity Name: PREMIER SUPPLY CHAIN IMPROVEMENT, INC.

Current Principal Place of Business:

12255 EL CAMINO REAL, SUITE 100
SAN DIEGO, CA 92130

New Principal Place of Business:

13034 BALLANTYNE CORP. PL.
CHARLOTTE, NC 28277

Current Mailing Address:

12255 EL CAMINO REAL, SUITE 100
SAN DIEGO, CA 92130

New Mailing Address:

13034 BALLANTYNE CORP. PL.
CHARLOTTE, NC 28277

FEI Number: 32-0066268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T 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: CEO
Name: DEVORE, SUSAN D
Address: 13034 BALLANTYNE CORP. PL.
City-St-Zip: CHARLOTTE, NC 28277

Title: TRE
Name: MCKASSON, CRAIG S
Address: 13034 BALLANTYNE CORP. PL.
City-St-Zip: CHARLOTTE, NC 28277

Title: SEC
Name: FORREST, ANNA-MARIE
Address: 13034 BALLANTYNE CORP. PL.
City-St-Zip: CHARLOTTE, NC 28277

Title: DIRE
Name: DEVORE, SUSAN D
Address: 13034 BALLANTYNE CORP. PL.
City-St-Zip: CHARLOTTE, NC 28277

Title: DIRE
Name: MCKASSON, CRAIG S
Address: 13034 BALLANTYNE CORP. PL.
City-St-Zip: CHARLOTTE, NC 28277

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: ANNA-MARIE FORREST

SEC

02/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date