2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F95000002714

Address:

4 CHASE METROTECH

City-St-Zip: BROOKLYN, NY 11245 US

Entity Name: DDOV/DIAN DANCODD SEDVICES INC

FILED Jul 14, 2009 Secretary of State

Entity Na	me: PROVIDIA	AN BANCORP SERVICES, IN	C.	
Current Principal Place of Business:			New Principal Place of Business:	
28TH FLC	ON STREET OOR NCISCO, CA 9	4105 US		
Current Mailing Address:			New Mailing Address:	
4 CHASE METROTECH				
FLOOR 03 BROOKLY	'N, NY 11245	US		
FEI Number	: 94-3055127	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
1200 SOU	PORATION SYS ITH PINE ISLAN ION, FL 33324	ND ROAD		
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
SIGNATU	RE:			
	Electron	ic Signature of Registered Ag	ent	Date
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	P () DURDAN, SALL 270 PARK AVEI NEW YORK, N	NUE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T () FITZGERALD, L 270 PARK AVEI NEW YORK, N	NUE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S () HORAN, ANTHO 270 PARK AVEI NEW YORK, NY	NUE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () HORAN, ANTHO 270 PARK AVEI NEW YORK, N	NUE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	V () MEADE, COLLE	Delete EEN	Title: Name:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: COLLEEN MEADE V 07/14/2009