2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 11, 2009
Secretary of State

DOCUMENT# P08000097541

Entity Name: TOTAL OFFICE SOLUTIONS-GSA, INC.

Current Principal Place of Business:

4301 EMERSON STREET
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4301 EMERSON STREET
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 26-3633113 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAPPELL, L. MARK
4301 EMERSON STREET
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

CHAPPELL, SHARON W PRES.
4301 EMERSON STREET
JACKSONVILLE, FL 32207 US

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: SHARON W. CHAPPELL 11/11/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CHAPPELL, L. MARK
Address: 4301 EMERSON STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP ( ) Delete
Name: MARTIN, DEBORAH
Address: 4301 EMERSON STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: CHAPPELL, SHARON W
Address: 4301 EMERSON STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP (X) Change ( ) Addition
Name: CHAPPELL, MARK L
Address: 4301 EMERSON STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Change (X) Addition
Name: MARTIN, DEBORAH
Address: 4301 EMERSON STREET.
City-St-Zip: JACKSONVILLE, FL 32207

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.

SIGNATURE: SHARON W. CHAPPELL PRES 11/11/2009
Electronic Signature of Signing Officer or Director Date