

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29275

FILED  
Apr 20, 2011  
Secretary of State

Entity Name: THE SYGMA NETWORK, INC.

**Current Principal Place of Business:**

5550 BLAZER PARKWAY  
#300  
DUBLIN, OH 43017

**New Principal Place of Business:**

**Current Mailing Address:**

1390 ENCLAVE PARKWAY  
HOUSTON, TX 77077

**New Mailing Address:**

FEI Number: 76-0254608      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 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: GREEN, BARBARA B  
Address: 1390 ENCLAVE PKWY  
City-St-Zip: HOUSTON, TX 77077

Title: T  
Name: GISH, KATHY O  
Address: 1390 ENCLAVE PKWY  
City-St-Zip: HOUSTON, TX 77077

Title: DCEO  
Name: KELSO, ALAN W  
Address: 5550 BLAZER PARKWAY, SUITE 300  
City-St-Zip: DUBLIN, OH 43017

Title: DVP  
Name: LIBBY, RUSSELL T  
Address: 1390 ENCLAVE PKWY  
City-St-Zip: HOUSTON, TX 77077

Title: AS  
Name: BROOKS, CONNIE S  
Address: 1390 ENCLAVE PKWY  
City-St-Zip: HOUSTON, TX 77077

Title: VPS  
Name: KURZ, THOMAS P  
Address: 1390 ENCLAVE PKWY  
City-St-Zip: HOUSTON, TX 77077

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: BARBARA B. GREEN

VP

04/20/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date