

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000069900

Entity Name: QUAD SYSTEMS, INC.

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

607 ST. ANDREWS DRIVE  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

607 ST. ANDREWS DRIVE  
SARASOTA, FL 34243

**New Mailing Address:**

FEI Number: 59-3468191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ROBINSON, MICHELLE  
607 ST. ANDREWS DRIVE  
SARASOTA, FL 34243 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: P  
Name: SLIDER, ROBERT  
Address: 607 ST. ANDREWS DRIVE  
City-St-Zip: SARASOTA, FL 34243

Title: ST  
Name: ROBINSON, MICHELLE  
Address: 607 ST. ANDREWS DRIVE  
City-St-Zip: SARASOTA, FL 34243

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: MICHELLE ROBINSON

ST

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date