

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # G09210 1. Entity Name VIASYS SERVICES, INC.					
Principal Place of Business 26 LAKEWIRE DRIVE LAKELAND, FL 33815 US			Mailing Address 26 LAKEWIRE DRIVE LAKELAND, FL 33815 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2234741	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD-TEAM 1 PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, BILLY V 1117 PERIMETER CENTER WEST ATLANTA, GA 30338	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT SMITH, RAYMOND J 1117 PERIMETER CENTER WEST ATLANTA, GA 30338	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HALL, GERRY W 1117 PERIMETER CENTER WEST ATLANTA, GA 30338	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, RAYMOND J 1117 PERIMETER CENTER WEST ATLANTA, GA 30338	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JENNINGS, ANDREA 26 LAKE WIRE DRIVE LAKELAND, FL 33815	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
SIGNATURE: <i>Andrea Jennings</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			TITLE NAME STREET ADDRESS CITY-ST-ZIP CFO Roger Benavides 26 Lake Wire Drive, Lakeland, FL 33815		
1/26/06			863-607-9988		

FILED
06 FEB -3 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

