2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State
03-23-2007 90022 016 ***150.00

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DOCUMENT # G09210

1. Entity Name
VIASYS SERVICES, INC.

02232007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
26 LAKEWIRE DRIVE LAKELAND, FL 33815 US	26 LAKEWIRE DRIVE LAKELAND, FL 33815 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2944 Drane Field Rd	2944 Drane Field Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland, FL	City & State: Lakeland, FL
Zip: 33811 Country: USA	Zip: 33811 Country: USA

4. FEI Number: 59-2234741 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD-TEAM 1 PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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	VP James E. Hemrich 2944 Drane Field Rd Lakeland, FL 33811	☐ Change ☒ Addition
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	AS Tracy Recker 2944 Drane Field Rd. Lakeland, FL 33811	☐ Change ☒ Addition
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	AS James W. Allen 2944 Drane Field Rd. Lakeland, FL 33811	☐ Change ☒ Addition
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		☐ Change ☐ Addition
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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO BENAVIDES, ROGER 26 LAKE WIRE DRIVE LAKELAND, FL	☒ Delete	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.

SIGNATURE: Tracy Recker Tracy Recker 3.22.07 863-607-9988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #