

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000005862

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Entity Name:** MSI INVENTORY SERVICE CORPORATION

**Current Principal Place of Business:**

105 KATHERINE DRIVE  
BUILDING D  
FLOWOOD, MS 39232

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 320129  
FLOWOOD, MS 39232

**New Mailing Address:**

**FEI Number:** 64-0679640

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: CPT  
Name: MCCLAIN, JAMES O  
Address: 962 COUNTY LINE ROAD  
City-St-Zip: MENDENHALL, MS 39114

Title: CVS  
Name: MCCLAIN, SANDRA B  
Address: 962 COUNTY LINE ROAD  
City-St-Zip: MENDENHALL, MS 39114

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: JAMES O MCCLAIN

CPT

01/13/2012

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

\_\_\_\_\_  
Date