

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000002953

**Entity Name:** PSI SERVICES III, INC.

**Current Principal Place of Business:**

3890 DUNN AVENUE WEST, SUITE 1104  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

3890 DUNN AVENUE WEST, SUITE 1104  
JACKSONVILLE, FL 32218

**FEI Number:** 22-3530036

**Certificate of Status Desired:** No

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

WALLACE, RICKY B  
10512 INNISBROOK DRIVE  
JACKSONVILLE, FL 32222 US

*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

**Officer/Director Detail :**

Title MR.  
Name WALLACE, RICKY  
Address 10512 INNISBROOK DRIVE  
City-State-Zip: JACKSONVILLE FL 32222

Title MR.  
Name WILLIAMS, MELVIN MR.  
Address 7101 WISCONSIN AVENUE  
City-State-Zip: BETHESDA MD 20814

Title MR  
Name HOWARD, WILLIAM MR.  
Address 7101 WISCONSIN AVENUE  
City-State-Zip: BETHESDA MD 20814

Title MRS.  
Name ROMANO, NORMA .  
Address 7101 WISCONSIN AVENUE  
City-State-Zip: BETHESDA MD 20814

Title MR.  
Name TOLSON, VINCENT  
Address 14315 WICKLOW LANE  
City-State-Zip: LAUREL MD 20707

Title MR.  
Name MASON, STEVE  
Address 7101 WISCONSIN AVENUE  
SUITE 1400  
City-State-Zip: BETHESDA MD 20814

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MELVIN WILLIAMS

**SECRETARY**

01/19/2013

Electronic Signature of Signing Officer/Director Detail

Date