## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H89270

Entity Name: MAINLINE INFORMATION SYSTEMS, INC.

**Current Principal Place of Business:** 

1700 SUMMIT LAKE DR. TALLAHASSEE. FL 32317

**Current Mailing Address:** 

1700 SUMMIT LAKE DR.

TALLAHASSEE. FL 32317 US

FEI Number: 59-2960721 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHOWMAN, BRIAN 1700 SUMMIT LAKE DR. TALLAHASSEE, FL 32317 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: BRIAN SHOWMAN 04/27/2015

Electronic Signature of Registered Agent

Officer/Director Detail:

Title D Title D

NameKEARNEY, RICHARD SNameHOWELL, WINSTONAddress1700 SUMMIT LAKE DR.Address1700 SUMMIT LAKE DR.City-State-Zip:TALLAHASSEE FL 32317City-State-Zip:TALLAHASSEE FL 32317

Title P Title ST

NameMCCARTHY, JOHN RNameELEBASH, JOSEPH PAddress1700 SUMMIT LAKE DRIVEAddress1700 SUMMIT LAKE DRCity-State-Zip:TALLAHASSEE FL 32317City-State-Zip:TALLAHASSEE FL 32317

Title D Title SVP

Name SHARE, LESLIE A Name NEMESI, BILL

Address 1700 SUMMIT LAKE DR Address 1700 SUMMIT LAKE DR.

City-State-Zip: TALLAHASSEE FL 32317 City-State-Zip: TALLAHASSEE FL 32317

Title SVP

Name NEMESI, CHIP

Address 1700 SUMMIT LAKE DR.

City-State-Zip: TALLAHASSEE FL 32317

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: JOSEPH P. ELEBASH

Electronic Signature of Signing Officer/Director Detail

SECRETARY

04/27/2015 Date

FILED Apr 27, 2015

**Secretary of State** 

CC4005481807

Date