

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856302

Entity Name: VECTORSGI, INC.

Current Principal Place of Business:

601 RIVERSIDE AVE
JACKSONVILLE, FL 32204

Current Mailing Address:

601 RIVERSIDE AVE
JACKSONVILLE, FL 32204 US

FEI Number: 75-1866668

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 ASSISTANT SECRETARY
Name BURGESS, DEBRA H
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title TREASURER
Name COUTURIER, JASON L.
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title PRESIDENT
Name NORCROSS, GARY A.
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name OATES, MICHAEL P.
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title SECRETARY, DIRECTOR
Name MAYO, MARC M.
Address 601 RIVERSIDE AVENUE
12TH FLOOR TOWER BLDG.
City-State-Zip: JACKSONVILLE FL 32204

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: DEBRA H BURGESS

ASSISTANT SECRETARY 04/08/2016

Electronic Signature of Signing Officer/Director Detail

Date