

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000004716

**FILED**  
**Mar 08, 2016**  
**Secretary of State**  
**CC6613245410**

**Entity Name:** PLANSOURCE HOLDINGS, INC.

**Current Principal Place of Business:**

101 S. GARLAND AVE, SUITE 203  
ORLANDO, FL 32801

**Current Mailing Address:**

101 S. GARLAND AVE, SUITE 203  
ORLANDO, FL 32801 US

**FEI Number:** 90-0777437

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 D  
Name SCHMIDT, RANDALL  
Address 101 S. GARLAND AVE, SUITE 203  
City-State-Zip: ORLANDO FL 32801

Title D  
Name MILLER, TONY  
Address 101 S. GARLAND AVE, SUITE 203  
City-State-Zip: ORLANDO FL 32801

Title DCEO  
Name WILLIAMS, DAYNE  
Address 101 S. GARLAND AVE, SUITE 203  
City-State-Zip: ORLANDO FL 32801

Title D  
Name NEWTON, RUSSELL  
Address 101 S. GARLAND AVE, SUITE 203  
City-State-Zip: ORLANDO FL 32801

Title D  
Name RILEY, JOHN  
Address 101 S. GARLAND AVE, SUITE 203  
City-State-Zip: ORLANDO FL 32801

Title P  
Name CARVER, SCOTT  
Address 101 S. GARLAND AVE, SUITE 203  
City-State-Zip: ORLANDO FL 32801

Title CFO, VP, SECRETARY, TREASURER  
Name STREUFERT, SHANE  
Address 101 S. GARLAND AVE, SUITE 203  
City-State-Zip: ORLANDO FL 32801

Title D  
Name BUSBY, CHRISTOPHER M  
Address ONE LIBERTY SQUARE  
City-State-Zip: BOSTON MA 02109

**Continues on page 2**

*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:** SHANE STREUFERT

**CFO**

**03/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name VETTEL, MATTHEW T  
Address ONE LIBERTY SQUARE  
City-State-Zip: BOSTON MA 02109