

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000003734

**Entity Name:** MISSION CRITICAL PARTNERS, INC.

**Current Principal Place of Business:**

690 GRAYS WOODS BLVD.  
PORT MATILDA, PA 16870

**Current Mailing Address:**

690 GRAYS WOODS BLVD.  
PORT MATILDA, PA 16870

**FEI Number: 26-4026964**

**Certificate of Status Desired: No**

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

NATIONAL CORPORATE RESEARCH,LTD.,INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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 KOWALSKI, LEONARD F  
Address 2407 PRAIRIE ROSE LANE  
City-State-Zip: STATE COLLEGE PA 16801

Title CP  
Name MURRAY, R. KEVIN  
Address 603 WINDFIELD COURT  
City-State-Zip: PORT MATILDA PA 16870

Title VCS  
Name BARK, BRIAN L  
Address 12 TIMBERCREST CIRCLE  
City-State-Zip: CECIL PA 15321

Title DV  
Name JONES, DAVID  
Address 1103 MOCKINGBIRD LANE  
City-State-Zip: KELLER TX 76248

*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: R. KEVIN MURRAY**

**PRESIDENT**

**01/26/2016**

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

\_\_\_\_\_  
Date