

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000003734

**Entity Name:** MISSION CRITICAL PARTNERS, INC.**Current Principal Place of Business:**200 INNOVATION BLVD  
STATE COLLEGE, PA 16803**Current Mailing Address:**200 INNOVATION BLVD  
STATE COLLEGE, PA 16803**FEI Number:** 26-4026964**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL REGISTERED AGENTS, INC.  
515 E. PARK AVENUE  
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	2379 NANTUCKET CIRCLE
City-State-Zip:	STATE COLLEGE PA 16803

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****01/23/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date