

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000000199

**FILED**  
**May 01, 2014**  
**Secretary of State**  
**CC9664273739**

**Entity Name:** SCI BUSINESS SOLUTIONS INC.

**Current Principal Place of Business:**

5850 EL CAMINO REAL  
CARLSBAD, CA 92008

**Current Mailing Address:**

5850 EL CAMINO REAL  
CARLSBAD, CA 92008

**FEI Number:** 45-4785225

**Certificate of Status Desired:** No

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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 C/T  
Name DARDZINSKI, TED  
Address 5850 EL CAMINO REAL  
City-State-Zip: CARLSBAD CA 92008

Title D/P  
Name YATES, TIM  
Address 5850 EL CAMINO REAL  
City-State-Zip: CARLSBAD CA 92008

Title D/S  
Name DARDZINSKI, TAMMY  
Address 5850 EL CAMINO REAL  
City-State-Zip: CARLSBAD CA 92008

*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:** TIM YATES

**PRESIDENT**

**05/01/2014**

Electronic Signature of Signing Officer/Director Detail

Date