

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000005187

**Entity Name:** PREMIER SYSTEM INTEGRATORS, INC.

**Current Principal Place of Business:**

140 WEAKLEY LANE  
SMYRNA, TN 37167

**FILED**  
**Feb 25, 2019**  
**Secretary of State**  
**0870663025CC**

**Current Mailing Address:**

140 WEAKLEY LANE  
SMYRNA, TN 37167 US

**FEI Number: 62-1475873**

**Certificate of Status Desired: Yes**

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

C T 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 PD  
Name COGGINS, KENNETH W  
Address 140 WEAKLEY LANE  
City-State-Zip: SMYRNA TN 37167

Title VPD  
Name LAX, DAVID  
Address 140 WEAKLEY LANE  
City-State-Zip: SMYRNA TN 37167

Title SD  
Name HAYES, ROBERT W  
Address 140 WEAKLEY LANE  
City-State-Zip: SMYRNA TN 37167

Title D  
Name MCCALED, SAMMIE K  
Address 140 WEAKLEY LANE  
City-State-Zip: SMYRNA TN 37167

Title D  
Name BENDICKSON, MARCUS J  
Address 11009 STONE MT. DRIVE  
City-State-Zip: HUNTSVILLE AL 35803

*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: DAVID LAX**

**VICE PRESIDENT**

**02/25/2019**

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

\_\_\_\_\_  
Date