

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000005187

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

**Current Principal Place of Business:**

140 WEAKLEY LANE  
SMYRNA, TN 37167

**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            CEO, DIRECTOR  
Name            COGGINS, KENNETH W  
Address        140 WEAKLEY LANE  
City-State-Zip: SMYRNA TN 37167

Title            PRESIDENT, DIRECTOR  
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**

**PRESIDENT**

**03/19/2020**

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

\_\_\_\_\_  
Date