2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# 834680

Entity Name: EXEL DIRECT INC.

Current Principal Place of Business:

570 POLARIS PKWY
WESTERVILLE, OH 43082

New Principal Place of Business:

570 POLARIS PARKWAY
WESTERVILLE, OH 43082

Current Mailing Address:

570 POLARIS PKWY
DENT 275
WESTERVILLE, OH 43082

New Mailing Address:

570 POLARIS PARKWAY
WESTERVILLE, OH 43082

FEI Number: 95-2653439 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VIEIRA, DAVID
Address: 570 POLARIS PARKWAY
City-St-Zip: WESTERVILLE, OH 43082

Title: GCSD ( ) Delete
Name: BORATYN, MARTIN T
Address: 570 POLARIS PARKWAY
City-St-Zip: WESTERVILLE, OH 43082

Title: VP ( ) Delete
Name: CRUMBLEY, ROBERT J
Address: 1911 WILLIAMS DRIVE
City-St-Zip: OXNARD, CA 93036

Title: T ( ) Delete
Name: ALBARANO, RENEE
Address: 570 POLARIS PARKWAY
City-St-Zip: WESTERVILLE, OH 43082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: VIEIRA, DAVID
Address: 570 POLARIS PARKWAY
City-St-Zip: WESTERVILLE, OH 43082

Title: DS (X) Change ( ) Addition
Name: BORATYN, MARTIN
Address: 570 POLARIS PARKWAY
City-St-Zip: WESTERVILLE, OH 43082

Title: VPD (X) Change ( ) Addition
Name: CRUMBLEY, ROBERT
Address: 570 POLARIS PARKWAY
City-St-Zip: WESTERVILLE, OH 43082

Title: TD (X) Change ( ) Addition
Name: ALBARANO, RENEE
Address: 570 POLARIS PARKWAY
City-St-Zip: WESTERVILLE, OH 43082

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: AMANDA MCDONALD POA 04/15/2008

Electronic Signature of Signing Officer or Director — Date