

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90202 046 \*\*\*150.00

<b>DOCUMENT # F00000000701</b>					
<b>1. Entity Name</b> TCS CORPORATE SERVICES, INC.					
<b>Principal Place of Business</b> 1720 WINDWARD CONCOURSE SUITE 250 ALPHARETTA, GA 30005 US			<b>Mailing Address</b> 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 3100 Cumberland Blvd Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2395 Midway Rd, Bldg 1 Suite, Apt. #, etc.			
<b>City &amp; State</b> Atlanta, GA		<b>City &amp; State</b> Carrollton, TX		<b>4. FEI Number</b> 58-2511738	
<b>Zip</b> 30339		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when remaining)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD <b>NAME</b> STEINHART, LANCE J <b>STREET ADDRESS</b> 1720 WINDWARD CONCOURSE STE 250 <b>CITY-ST-ZIP</b> ALPHARETTA, GA 30005	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> Roy Martin <b>STREET ADDRESS</b> 395 Hudson Street <b>CITY-ST-ZIP</b> New York, NY 10014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> ELLIS, ERNEST <b>STREET ADDRESS</b> 1720 WINDWARD CONCOURSE STE 250 <b>CITY-ST-ZIP</b> ALPHARETTA, GA 30005	<input type="checkbox"/> Delete		<b>TITLE</b> S/D <b>NAME</b> Edward Friedland <b>STREET ADDRESS</b> One Station Place <b>CITY-ST-ZIP</b> Stamford, CT 06902	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> ST <b>NAME</b> ELLIS, ERNEST <b>STREET ADDRESS</b> 1720 WINDWARD CONCOURSE STE 250 <b>CITY-ST-ZIP</b> ALPHARETTA, GA 30005	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> V/T <b>NAME</b> Charles W.Hill <b>STREET ADDRESS</b> 2395 Midway Road <b>CITY-ST-ZIP</b> Carrollton, TX 75006	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> C <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>Charles W. Hill</i>			Date: 4/6/07 Daytime Phone #: 972-250-7000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					