

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001928

FILED
Apr 13, 2011
Secretary of State

Entity Name: CIS FINANCIAL SERVICES, INC.

Current Principal Place of Business:

851 N. MILITARY ST.
HAMILTON, AL 35570

New Principal Place of Business:

Current Mailing Address:

851 N. MILITARY ST.
HAMILTON, AL 35570

New Mailing Address:

FEI Number: 63-1052225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: P
Name: REEVES, PAULA D
Address: 851 NORTH MILITARY STREET
City-St-Zip: HAMILTON, AL 35570

Title: VP
Name: HERRON, KIMBERLY K
Address: 851 NORTH MILITARY STREET
City-St-Zip: HAMILTON, AL 35570

Title: VP
Name: BOSTICK, TAMMY L
Address: 851 NORTH MILITARY STREET
City-St-Zip: HAMILTON, AL 35570

Title: DIR
Name: GLISSON, DONALD F JR
Address: 4336 PABLO OAKS CT
City-St-Zip: JACKSONVILLE, FL 32224

Title: DIR
Name: GLEIM, EDWARD J
Address: 4336 PABLO OAKS CT
City-St-Zip: JACKSONVILLE, FL 32224

Title: DIR
Name: BROOKS, GREGORY T
Address: 4336 PABLO OAKS CT
City-St-Zip: JACKSONVILLE, FL 32224

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: PAULA REEVES

P

04/13/2011

Electronic Signature of Signing Officer or Director

Date