## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000004910

Entity Name: ISS TMC SERVICES, INC.

FILED Apr 29, 2008 Secretary of State

Current Pr	incipal Place	e of Business:	New Prince	New Principal Place of Business:			
81 DORSA LIVINGSTO	AVENUE N, NJ 07039	)					
Current Mailing Address:			New Maili	New Mailing Address:			
1019 CENTRAL PARKWAY NORTH							
SUITE 100 SAN ANTO	NIO, TX 782	32					
FEI Number: 22-1760691 FEI Number Applied For ( )			FEI Number Not Appl	FEI Number Not Applicable ( ) Certificate of Sta		sired ( )	
Name and	Address of (	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
C/O CT CC 1200 SOUT	DRATION SYS PRPORATION TH PINE ISLA DN, FL 33324	ISYSTEM ND ROAD					
The above in the State		submits this statement for the	purpose of changing i	ts registered o	office or registered age	nt, or both,	
SIGNATUR	:E:						
	Electro	nic Signature of Registered Ag	ent		Date		
Election Carr	paign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	GLOVER, DAR 1019 CENTRA	) Delete RELL L PKWY N #100 , TX 78232 US	Title: Name: Address: City-St-Zip:		) Change ()Addition		
Title: Name: Address: City-St-Zip:	ROHMER, CHI 1019 CENTRA	) Delete RISTI L PKWY N #100 , TX 78232 US	Title: Name: Address: City-St-Zip:	ROHMER, CHE	L PKWY N #100		
Title: Name: Address: City-St-Zip:	CRAVEY, RICH	MONT CTR, # 210	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition		
Title: Name: Address: City-St-Zip:	MCLEAN, BAR	MONT CTR, #210	Title: Name: Address: City-St-Zip:	( )	) Change ( ) Addition		

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: CHRISTI ROHMER VSTD 04/29/2008