

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90036 040 ***550.00

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1. Entity Name
SER SOLUTIONS, INC.



Principal Place of Business
**21680 RIDGETOP CIRCLE
DULLES, VA 20166**

Mailing Address
**21680 RIDGETOP CIRCLE
DULLES, VA 20166**

DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number
06-1017599

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CEO
MERGELE, CARL E
21680 RIDGETOP CIRCLE
DULLES, VA 20166**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**GCS
ZUBOK, JAMES
21680 RIDGETOP CIRCLE
DULLES, VA 20166**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SMITH, ROBERT F
150 CALIFORNIA ST.
SAN FRANCISCO, CA 94111**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DAVIS, STEVEN J
150 CALIFORNIA ST.
SAN FRANCISCO, CA 94111**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SHETH, BRIAN N
150 CALIFORNIA ST.
SAN FRANCISCO, CA 94111**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____