

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001443

FILED
Feb 15, 2011
Secretary of State

Entity Name: PARSONS COMMERCIAL TECHNOLOGY GROUP INC.

Current Principal Place of Business:

4701 HEDGEMORE DRIVE
CHARLOTTE, NC 28209 US

New Principal Place of Business:

Current Mailing Address:

16055 SPACE CENTER BLVD, STE 725
ATTN: STEVEN CHRISENBERRY
HOUSTON, TX 77034 US

New Mailing Address:

FEI Number: 94-3376767 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

OFFICERS AND DIRECTORS:

Title: PD
Name: WALSH, MICHAEL
Address: 4701 HEDGEMORE DRIVE
City-St-Zip: CHARLOTTE, NC 28209

Title: AS
Name: WILLIAMS, CARLTON E
Address: 16055 SPACE CENTER BLVD STE 725
City-St-Zip: HOUSTON, TX 77062

Title: D
Name: BALL, GEORGE L
Address: 100 WEST WALNUT STREET
City-St-Zip: PASADENA, CA 91124

Title: V
Name: HENDERSON, RICHARD M
Address: 100 W WALNUT ST
City-St-Zip: PASADENA, CA 91124

Title: T
Name: MASTORIS, CAROL L
Address: 4701 HEDGEMORE DRIVE
City-St-Zip: CHARLOTTE, NC 28209

Title: S
Name: ELLIS JR, CLYDE E
Address: 100 M STREET, SE
City-St-Zip: WASHINGTON, DC 20003

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: CARLTON WILLIAMS

AS

02/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date