

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90171 003 ***150.00

DOCUMENT # F01000002617					
1. Entity Name DIGITAL SUPPORT CORPORATION					
Principal Place of Business 3863 CENTERVIEW DRIVE SUITE 150 CHANTILLY, VA 20151			Mailing Address 3863 CENTERVIEW DRIVE SUITE 150 CHANTILLY, VA 20151		
2. Principal Place of Business		3. Mailing Address 27335 West 11 mile Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Southfield, Michigan			
Zip	Country	Zip 48034	Country US	04142005 Chg-P CR2E034 (10/03)	
4. FEI Number 54-1271080				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET #200 MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE C NAME COYZO, WILLIAM F JR STREET ADDRESS 27335 W ELEVEN MILE CITY-ST-ZIP SOUTHFIELD, MI 48034	<input type="checkbox"/> Delete				
TITLE VDT NAME LULLA, SATISH STREET ADDRESS 3863 CENTERVIEW DR #150 CITY-ST-ZIP CHANTILLY, VA 20151	<input type="checkbox"/> Delete				
TITLE PD NAME BRIGHAM, PETER S STREET ADDRESS 3863 CENTERVIEW DR #150 CITY-ST-ZIP CHANTILLY, VA 20151	<input type="checkbox"/> Delete				
TITLE SD NAME CORNETT, FRED O JR STREET ADDRESS 3863 CENTERVIEW DR #150 CITY-ST-ZIP CHANTILLY, VA 20151	<input checked="" type="checkbox"/> Delete				
TITLE S NAME SOSIN, MICHAEL A STREET ADDRESS 27335 W ELEVEN MILE CITY-ST-ZIP SOUTHFIELD, MI 48034	<input type="checkbox"/> Delete				
TITLE AT NAME DEL PAPA, CYNTHIA STREET ADDRESS 27335 W ELEVEN MILE CITY-ST-ZIP SOUTHFIELD, MI 48034	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE C NAME Coyzo, William F Jr STREET ADDRESS 27335 West Eleven mile Road CITY-ST-ZIP Southfield, MI 48034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE VT NAME Lulla, Satish STREET ADDRESS 3863 Centerview Dr Suite 150 CITY-ST-ZIP Chantilly, VA 20150	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE V NAME Arnet, Michael STREET ADDRESS 3863 Centerview Dr Suite 150 CITY-ST-ZIP Chantilly, VA 20150	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE V NAME Brigham, Robert STREET ADDRESS 3863 Centerview Dr Suite 150 CITY-ST-ZIP Chantilly, VA 20150	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE D NAME Morgan, David W STREET ADDRESS 27335 West Eleven mile Rd CITY-ST-ZIP Southfield, MI 48034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE D NAME Granger, Larry W. STREET ADDRESS 27335 West Eleven mile Rd CITY-ST-ZIP Southfield, MI 48034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
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: <u>Michael A. Sosin</u> <u>Michael A. Sosin, Secretary</u> <u>248-357-2816</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					