2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# F01000004264

Entity Name: GLOBAL SERVICES NETWORK, INC.

Current Principal Place of Business:

5320 COLLEGE BLVD.
OVERLAND PARK, KS 66211

New Principal Place of Business:

5360 COLLEGE BLVD.
OVERLAND PARK, KS 66211

Current Mailing Address:

C/O PROSOURCE, LLC
8614 QUIVIRA
LENEXA, KS 66215

New Mailing Address:

C/O PROSOURCE, LLC
P. O. BOX 14276
SHAWNEE MISSION, KS 66285

FEI Number: 48-1240187 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLAYTON, JAMES W
1239 OCEAN SHORE BLVD., #203
ORMOND BEACH, FL 32176 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CLAYTON, JAMES W
Address: 1239 OCEAN SHORE BLVD., #203
City-St-Zip: ORMOND BEACH, FL 32176

Title: STD ( ) Delete
Name: JACOBS, NORMAN
Address: 4605 OAK HAMMOCK COURT
City-St-Zip: PONCE INLET, FL 32127

Title: VD ( ) Delete
Name: LYONS, THOMAS D
Address: 14975 WATERFALL DR.
City-St-Zip: STANLEY, KS 66223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: NORMAN JACOBS STD 01/16/2009

Electronic Signature of Signing Officer or Director — Date