

# **2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000005182

Entity Name: PERSONNEL SYSTEM, INC.

**FILED**  
**Feb 03, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

5 SOUTH RIDGE ROAD  
POMONA, NY 10970

**New Principal Place of Business:**

**Current Mailing Address:**

5 SOUTH RIDGE ROAD  
POMONA, NY 10970

**New Mailing Address:**

FEI Number: 13-3275836

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WEXLER, BENJAMIN  
TILFORD Q 349  
DEERFIELD BEACH, FL 33442 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: C ( ) Delete  
Name: WEXLER, RICHARD H PHD  
Address: 5 SOUTH RIDGE ROAD  
City-St-Zip: POMONA, NY 10970

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: WEXLER, RICHARD H PHD  
Address: 5 SOUTH RIDGE ROAD  
City-St-Zip: POMONA, NY 10970 US

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: RICHARD H WEXLER, PHD

C

02/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date