2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2005 8:00 am Secretary of State

04-05-2005 90055 011 ***150.00

DOCUMENT # F01000006518 1. Entity Name SYSTEAM OF ALABAMA, INC.						04-05-2005 90055 011 ***150.0					
Principal Place of Business Mailing Address				<u> </u>		•		J	UU34(040	
1804 HWY 231 SOUT LACEYS SPRING, AL 35754		1804 HWY 231 SOUT LACEYS SPRING, AL 35754									
							I PERU MUNICATURA BENNE BARA	1 60 38 6116 61	T	itti († 1511)	
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03282005	Chg-P	CR2E03	34 (10/03)		
City & State		City & State				4. FEI Number 64-0664197			_ 	plied For t Applicable	
Zip	Country	Zip	Cour	ntry		5. Certificate	of Status Desired		8.75 Add ee Required		
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New R	egistered A	gent		
C T CORPORATION SYSTEM				Name							
1200 SOU	TH PINE ISLAND ROAD ON, FL 33324		Stree			ddress (P.O. Box Number is Not Acceptable)					
								•			
				City				FL	Zip Code	9	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	register	ed office or	register	ed agent, or both	n, in the State of Flo	orida. I am f	amiliar with,	and accept	
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	od Agent signatu	re required	when reinstaling)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campa Trust Fund Con				00 May Be ed to Fees					
10.	OFFICERS AND	***	11.		~~4		CHANGES TO OFF	ICERS AND			
TITLE	VTSD	☐ Delete	TITL		PDC	VE TAY	LOR		Change	Addition	
NAME STREET ADDRESS	SHANNON, KEVIN J 1804 HWY 231 S.			EET ADDRESS	120	54 HWYZ31 S.					
CITY-ST-ZIP	144111111 = 21 = 1			-ST-ZIP	LAC	EYS SPI	RING, AL3	5754			
TITLE	D	☐ Delete	TITL	E					☐ Change	Addition	
NAME	HORVATH, LEROY		NAN								
STREET ADDRESS	281 ANDES DRIVE			EET ADDRESS (+ST-ZIP							
CITY-ST-ZIP TITLE	GLEN CARBON, IL 62034	☐ Delete	TITL	.E					☐ Change	Addition	
NAME STREET ADDRESS			NAA STR	EET ADDRESS							
CITY-ST-ZIP				/-ST-ZIP							
TITLE		☐ Delete	TITL	£					☐ Change	Addition	
NAME			NAN								
STREET ADDRESS CITY-ST-ZIP				eet address Y-St-Zip							
TITLE		☐ Delete	TITE	.E					☐ Change	Addition	
NAME			NAM								
STREET ADORESS CITY-ST-ZIP			CIT	EET ADDRESS Y-ST-ZIP							
TITLE		☐ Delete	TITU						Change	Addition	
NAME STREET ADDRESS			NAM STR	KE EET ADDRESS							
CITY-ST-ZIP				Y-ST-ZIP							
	certify that the information supplied will	th this filing does not qualify for	or the eve	motion sto	tod in Sc	otion 110 07/31/	N Elorido Statutos	I further cor	ifu that the i	-fa-rantian	

(TIII 20)

Thereby centry that the information supplied with this ning does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. 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: Kanin A Shannon Kevin J. Shannon 03/28/05 (256) 650 - 2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date