

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90232 031 \*\*\*150.00

DOCUMENT # F02000001001

1. Entity Name  
TECHNOLOGY SERVICES GROUP, INC.



Principal Place of Business  
444 ALEXANDERSVILLE RD.  
MIAMISBURG, OH 45342-3658

Mailing Address  
444 ALEXANDERVILLE RD.  
MIAMISBURG, OH 45342-3658

**50020470**



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number  
31-1417488

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
SD  
LANDREVILLE, CHARLES V  
STREET ADDRESS  
444 ALEXANDERSVILLE RD.  
CITY-ST-ZIP  
MIAMISBURG, OH 453423659

TITLE  
NAME  
CTD  
CURRIN, JAMES M  
STREET ADDRESS  
444 ALEXANDERSVILLE RD.  
CITY-ST-ZIP  
MIAMISBURG, OH 453423658

TITLE  
NAME  
PD  
DENNY, MICHAEL L  
STREET ADDRESS  
444 ALEXANDERSVILLE RD.  
CITY-ST-ZIP  
MIAMISBURG, OH 453423658

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Robert J. Arney* ROBERT J. ARNEY VP FINANCE 2-18-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #