2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2006 8:00 am Secretary of State

DOCUMENT # F0200001001 1. Entity Name TECHNOLOGY SERVICES GROUP, INC.						02-27-2006	6 90057 0	09 ***15	50.00
Principal Place of Business 444 ALEXANDERS*VILLE RD. MIAMISBURG, OH 45342-3658		Mailing Address 444 ALEXANDERVILLE RD. MIAMISBURG, OH 45342-3658			4,001	8718			
.1									
2. Principal Place of Business		3. Mailing Address			LUMB HJUK EBM BEUK LUM		i 1 3 111 13131 113.		
.₌` Suite, Apt. #, etc.		Suite, Apt. #, etc.		02112006	Chg-P	CR2E03	4 (11/05)		
City & State		City & State		4. FEI Numbe 31-141		-		plied For t Applicable	
Zip	Country	Žip	Country			of Status Desired		8.75 Add	litional
	6. Name and Address of Current R	egistered Agent			7. Name and	Address of New R		<u>_</u>	
C T CORP	ORATION SYSTEM			Name	in the		<u> </u>		
	TH PINE ISLAND ROAD ON, FL 33324		-	Street Addre	ess (P.O, Box Numbe	r is Not Acceptable	e) 		
			<u> </u>					т	
				City			FL	Zip Code)
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	d office or reg	istered agent, or bot	h, in the State of Fi	orida. I am f	amiliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent ar	of the Kennikashia ANOTE	Danistarad	Anent riches ve re	quired when reinstating)		DATE	·	<u>-</u>
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig	gn Financ	cing	\$5.00 May Be Added to Fees				
			1		A DOUTIONIS	OULLIOSS TO OS	TIDEDO AND	DIDECTOR	D Ibt 44
10.	OFFICERS AND C	Detete	11.		ADDITIONS/	CHANGES TO OFF	FICERS AND	Change	Addition
NAME	LANDREVILLE, CHARLES V		NAME	I					•
STREET ADDRESS CITY-ST-ZIP	444 ALEXANDERSVILLE RD. MIAMISBURG, OH 453423659		· ·	T ADDRESS ST-ZIP					
TITLE	CTD	☐ Delete	TITLE		RECTOR -			Change	Addition
NAME	CURRIN, JAMES M		NAME	C	KRIN, JAM 14 ALEXAND	ES M	ė n	•	
STREET ADDRESS City - St - Zip	444 ALEXANDERSVILLE RD. MIAMISBURG, OH 453423658			T ADDRESS 4 C ST-ZIP M	NAMISBURE	OH 4534	23658		
TITLE	PD	☐ Delete	TITLE			· / ·		☐ Change	☐ Addition
NAME _	DENNY, MICHAEL L		· · NAME	T +0000000	***				
STREET ADDRESS CITY-ST-ZIP	444 ALEXANDERSVILLE RD. MIAMISBURG, OH 453423658			T ADDRESS ST-ZIP					
TITLE		☐ Delete	TITLE	11	REASURER +: OBERT J, 44 ALEXAN	DIRECTUR		☐ Change	Addition
NAME			NAME	T ADDRESS 4	DEERT J.	AKNEY BERSVILLE	e ed		•
- STREET ADDRESS CITY-ST-ZIP				ST-ZIP	LIAMIS BUR	5. OH 45	34236	58	
· TITLE		☐ Delete	TITLE	I		<u> </u>	<u>-</u>	Change	Addition
NAME STREET ADDRESS		•	NAME	T ADDRESS					
JIRCEI AUURESS			a ince	. I ADDITESS					
CITY-ST-ZIP			СПУ-	ST-ZIP					
TITLE		☐ Delete	TITLE	<u></u> .				☐ Change	Addition
TITLE NAME		☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·			Change	☐ Addition
TITLE		☐ Delete	TITLE NAME STREE	<u></u> .				Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained 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 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: _

John Bechan

A 2/14/01

Date 2 - 13 - 0 Daylime Phone #