



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90106 002 ***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			
2. Principal Place of Business - No P.O. Box # 444 ALEXANDERSVILLE RD		3. Mailing Address 444 ALEXANDERSVILLE RD				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	02212007	Chg-P	CR2E034 (12/06)
4. FEI Number 31-1417488				Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent			
Name			Name			
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)			
City			City			
FL			FL			
Zip Code			Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LANDREVILLE, CHARLES V	NAME				
STREET ADDRESS	444 ALEXANDERSVILLE RD.	STREET ADDRESS				
CITY-ST-ZIP	MIAMISBURG, OH 453423659	CITY-ST-ZIP	MIAMISBURG, OH 453423658			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CURRIN, JAMES M	NAME				
STREET ADDRESS	444 ALEXANDERSVILLE RD.	STREET ADDRESS				
CITY-ST-ZIP	MIAMISBURG, OH 453423658	CITY-ST-ZIP				
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DENNY, MICHAEL L	NAME				
STREET ADDRESS	444 ALEXANDERSVILLE RD.	STREET ADDRESS				
CITY-ST-ZIP	MIAMISBURG, OH 453423658	CITY-ST-ZIP				
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ARNEY, ROBERT J	NAME				
STREET ADDRESS	444 ALEXANDERSVILLE RD	STREET ADDRESS				
CITY-ST-ZIP	MIAMISBURG, OH 45342	CITY-ST-ZIP	MIAMISBURG, OH 453423658			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify 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: <u>R. J. Arney</u> ROBERT J. ARNEY VP FINANCE 2-27-07						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
Date						
Daytime Phone #						
BATTLE & BATTLE LLP 31-0210560						