

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005799

FILED
Mar 04, 2009
Secretary of State

Entity Name: ICI SOLUTIONS, INC. OF ARIZONA

Current Principal Place of Business:

7201 W. OAKLAND ST., SUITE 2
CHANDLER, AZ 85226

New Principal Place of Business:

Current Mailing Address:

7201 W. OAKLAND ST., SUITE 2
CHANDLER, AZ 85226

New Mailing Address:

FEI Number: 01-0639774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PC () Delete
Name: WHITE, ANTONY G
Address: 115 CASITAS BULEVAR
City-St-Zip: LOS GATOS, CA 95032

Title: S () Delete
Name: PUSATERI, MARY
Address: 32445 N. 41ST WAY
City-St-Zip: CAVE CREEK, AZ 85331

Title: VC () Delete
Name: FLOEGEL, RICHARD
Address: 6678 GOLF CREST DR
City-St-Zip: SAN DIEGO, CA 92119

Title: D () Delete
Name: IRONS, STEVE
Address: 757 E MOUNTAIN SKY AVE
City-St-Zip: PHOENIX, AZ 85048

Title: CFO () Delete
Name: DITALLO, DARIUS
Address: 9078 E LOS GATOS
City-St-Zip: SCOTTSDALE, AZ 85255

Title: D () Delete
Name: BITAUT, WALTER
Address: 14816 S 7TH WAY
City-St-Zip: PHOENIX, AZ 85048

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARY PUSATERI

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03/04/2009

Electronic Signature of Signing Officer or Director

_____ Date