

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005867

Entity Name: IFAX SOLUTIONS, INC.

FILED
Apr 15, 2005
Secretary of State

Current Principal Place of Business:

5500 WISSAHICKON AVE, SUITE M402A
PHILADELPHIA, PA 19144

New Principal Place of Business:

Current Mailing Address:

5500 WISSAHICKON AVE, SUITE M402A
PHILADELPHIA, PA 19144

New Mailing Address:

FEI Number: 04-3622307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P () Delete
Name: JERSILD, AMY
Address: 2141 BAINBRIDGE ST
City-St-Zip: PHILADELPHIA, PA 19146

Title: D () Delete
Name: DUNN, TONY
Address: 70 SUTPHIN PINES
City-St-Zip: YARDLEY, PA 19067

Title: D () Delete
Name: DIPAOLO, DAVID
Address: 9 CONCORD WAY
City-St-Zip: CHADDS FORD, PA 19317

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: HALKEDIS, ANNE
Address: 3 RIDGE AVENUE
City-St-Zip: YARDLEY, PA 19067

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANNE HALKEDIS

D

04/15/2005

Electronic Signature of Signing Officer or Director

_____ Date