

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006364

FILED
Jan 28, 2010
Secretary of State

Entity Name: ANNEXUS STORAGE & CARTAGE, INC.

Current Principal Place of Business:

681 MOORE ROAD
SUITE 320
KING OF PRUSSIA, PA 19406 US

New Principal Place of Business:

Current Mailing Address:

681 MOORE ROAD
SUITE 320
KING OF PRUSSIA, PA 19406 US

New Mailing Address:

FEI Number: 23-3094001 **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: D
Name: EPSTEIN, ERIC
Address: 11812 SAN VICENTE BOULEVARD, SUITE 300
City-St-Zip: LOS ANGELES, CA 90049

Title: D
Name: DAVENPORT, ROBERT
Address: 11812 SAN VICENTE BOULEVARD, SUITE 300
City-St-Zip: LOS ANGELES, CA 90049

Title: D
Name: LARSEN, KURT
Address: 245 PARK AVE. 33RD FLOOR
City-St-Zip: NEW YORK, NY 10167

Title: DC
Name: SCHAFFER, MICHAEL B
Address: 681 MOORE ROAD SUITE 320
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: DP
Name: HAMMILL, DENNIS C
Address: 681 MOORE ROAD SUITE 320
City-St-Zip: KING OF PRUSSIA, PA 19406

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL B. SCHAFFER

CEO

01/28/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date