## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000003051

Entity Name: SSI COST MANAGEMENT SERVICES, INC.

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
8028 RITCHIE HIGHWAY				801 CROMWELL PARK DRIVE		
SUITE 120				SUITE 108		
PASADENA, MD 21122				GLEN BURNIE, MD 21061		
Current Mailing Address:				New Mailing Address:		
8028 RITCH	HE HIGHWAY			801 CROMWELL PA	ARK DRIVE	
SUITE 120				SUITE 108		
PASADENA, MD 21122			GLEN BURNIE, MD 21061			
FEI Number:	77-0328116	FEI Number Applied For ( )	FEI Num	ber Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Cเ	ırrent Registered Agent:		Name and Address	of New Registered Agent:	
1200 SOUT	ORATION SYS TH PINE ISLAN DN, FL 33324					
The above in the State	named entity su of Florida.	ubmits this statement for the pu	rpose of	changing its register	red office or registered agent, or both,	
SIGNATUR	E:					
	Electronic	Signature of Registered Agen	nt		Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title:	PD ()	Delete		Title:	( ) Change ( ) Addition	
Name:	THOMAS, MICHA			Name:		
Address:		GHWAY, SUITE 120		Address:		
City-St-Zip:	PASADENA, MD	21122		City-St-Zip:		
Title:	CD ()[	Delete		Title:	() Change () Addition	
Name:	GROSSMAN, KE			Name:		
Address:		STREET, SUITE 3300		Address:		
City-St-Zip:	SAN FRANCISCO	), CA 94104		City-St-Zip:		
Title:	D ()	Delete		Title:	( ) Change ( ) Addition	
Name:	FOGARTY, THOM	//AS J MD		Name:		
Address:	3270 ALPINE RC			Address:		
City-St-Zip:	PORTOLA VALLE	EY, CA 94028		City-St-Zip:		
Title:	D () [	Delete		Title:	( ) Change ( ) Addition	
Name:	BROWN, NED			Name:	., .	
Address:	345 CALIFORNIA	STREET, SUITE 3300		Address:		
City-St-Zip:	SAN FRANCISCO	D, CA 94104		City-St-Zip:		
Title:	S ()[	Delete		Title:	( ) Change ( ) Addition	
Name:	SUNDERLAND, F			Name:	( )	
Address:	8028 RITCHIE HI	GHWAY, SUITE 120		Address:		
City-St-Zip:	PASADENA, MD	21122		City-St-Zip:		
Title:	D ()	Delete		Title:	( ) Change ( ) Addition	
Name:	CAMPBELL-WHI			Name:		
Address:		TREET, SUITE 390		Address:		
City-St-Zip:	EMERYVILLE, C	A 94608		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: RICHARD W. SUNDERLAND S 03/19/2009