## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000005181

Address:

City-St-Zip:

6920 KOLL CENTER PARKWAY

PLEASANTON, CA 94566

Entity Name: NSC COMMUNICATIONS PUBLIC SERVICES CORPORATION

FILED Apr 15, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6920 KOLL CENTER PARKWAY 5724 W. LAS POSITAS BLVD. PLEASANTON, CA 94566 SUITE 110 PLEASANTON, CA 94588 **Current Mailing Address: New Mailing Address:** 6920 KOLL CENTER PARKWAY 5724 W. LAS POSITAS BLVD. PLEASANTON, CA 94566 SUITE 110 PLEASANTON, CA 94588 FEI Number: 91-1865437 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVÉ PARK DR, SUITE 4 WESTON, FL 33331 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition BATTEN, JOHN THORNTON, KEVIN Name: Name: 6920 KOLL CENTER PARKWAY 5724 W. LAS POSITAS BLVD., SUITE 110 Address: Address: City-St-Zip: PLEASANTON, CA 94566 City-St-Zip: PLEASANTON, CA 94588 Title: Title: VΡ () Delete (X) Change ( ) Addition MA, ANTHONY Name: Name: HOGAN GREG 6920 KOLL CENTER PARKWAY 5724 W. LAS POSITAS BLVD., SUITE 110 Address: Address: PLEASANTON, CA 94588 PLEASANTON, CA 94566 City-St-Zip: City-St-Zip: Title: CFO (X) Delete Title: () Change () Addition MERCOGLIANO, TORRE Name: Name: 6920 KOLL CENTER PARKWAY Address: Address: PLEASANTON, CA 94566 City-St-Zip: City-St-Zip: Title: TRES (X) Delete Title: () Change () Addition CASEY, JAMES Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: KEVIN THORNTON CEO 04/15/2008