2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005549

Entity Name: EXTENSIS III INC.

City-St-Zip:

WOODBRIDGE, NJ 07095

FILED Mar 23, 2009 Secretary of State

Current P	rincipal Place	e of Business:	New Principa	New Principal Place of Business:	
C/O DON ABERNATHY 900 ROUTE 9 NORTH, SUITE 403 WOODBRIDGE, NJ 07095			900 ROUTE 9	C/O DON ABERNATHY 900 ROUTE 9 NORTH, SUITE 203 WOODBRIDGE, NJ 07095	
Current M	lailing Addre	ss:	New Mailing	New Mailing Address:	
C/O DON ABERNATHY 900 ROUTE 9 NORTH, SUITE 403 WOODBRIDGE, NJ 07095			900 ROUTE 9	C/O DON ABERNATHY 900 ROUTE 9 NORTH, SUITE 203 WOODBRIDGE, NJ 07095	
FEI Number	: 22-2879197	FEI Number Applied For ()	FEI Number Not Applicab	ele () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Ad	Name and Address of New Registered Agent:	
1201 HAY	ATION SERVI S STREET SSEE, FL 323	CE COMPANY 012525 US			
	named entity e of Florida.	submits this statement for the	purpose of changing its re	egistered office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CD (AUGUSTYN, R 6 CHUKKER C COLTS NECK,	OVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PRES (ABERNATHY, 900 ROUTE 9 WOODBRIDG	NORTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	CFO (TUPE, GREG 900 ROUTE 9) Delete NORTH	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: GREG TUPE CFO 03/23/2009