2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000412

Entity Name: TMG MAIL SOLUTIONS, INC

200 CIRCLE DRIVE NORTH

PISCATAWAY, NJ 088543705

Address: City-St-Zip: FILED Apr 27, 2009 Secretary of State

| | | 12 0020 110110, 1110. | | | |
|--|---|----------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | |
| | RCEDES WAY OD, NY 1171 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 200 CIRCLE DRIVE NORTH PISCATAWAY, NJ 088543705 | | | PO BOX 10300 NEW BRUNSWICK, NJ 08906 | | |
| FEI Number | : 20-0498326 | 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: | | |
| 1201 HAY | ATION SERVI S STREET SSEE, FL 323 | CE COMPANY 012525 US | | | |
| | e named entity e of Florida. | submits this statement for the p | ourpose of changing its register | ed office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electro | nic Signature of Registered Age | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | MURPHY, DEF 200 CIRCLE D | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | ZAMMIT, CHAF 200 CIRCLE D | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | VPD (CERESA, DON |) Delete INA | Title: Name: | () 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.

Address:

City-St-Zip:

SIGNATURE: TAWANA BLACKMON MGR 04/27/2009