

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002349

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: CONTEMPORARY SOLUTIONS-USA, INC.

## Current Principal Place of Business:

20 E. MCDERMOTT DRIVE  
ALLEN, TX 75002

## New Principal Place of Business:

60A EAST MCDERMOTT DRIVE  
ALLEN, TX 75002

## Current Mailing Address:

20 E. MCDERMOTT DRIVE  
ALLEN, TX 75002

## New Mailing Address:

60A EAST MCDERMOTT DRIVE  
ALLEN, TX 75002

FEI Number: 20-0683228

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PD ( ) Delete  
Name: WALKER, MARK S  
Address: 20 E MCDERMOTT DR  
City-St-Zip: ALLEN, TX 75002

Title: SD ( ) Delete  
Name: SIDORUK, TREL W  
Address: 626 N FRENCH RD #3  
City-St-Zip: BUFFALO, NY 14228

Title: TD ( ) Delete  
Name: GIRARDI, JAMES J  
Address: 626 N FRENCH RD #3  
City-St-Zip: BUFFALO, NY 14228

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: MARK S. WALKER

PD

02/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date