## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # F04000004421** FILED DATA SYSTEMS INTERNATIONAL CORPORATION 07 MAR 27 PM 4: 42 SECRETARY OF STATE Mailing Address Principal Place of Business TALLAHASSEE, FLORIDA 545 EAST 4500 SOUTH 545 EAST 4500 SOUTH SUITE E260 SUITE E260 SALT LAKE CITY, UT 84107 SALT LAKE CITY, UT 84107 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 87-0412185 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLORIDA RESEARCH & FILING SERVICES, INC. Street Address (P.O. 8ox Number is Not Acceptable) 1211 CIRCLE DR. TALLAHASSEE, FL 32301 City Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME CHAMPAGNE, CARL 600095892136 NAME STREET ADDRESS 4107 BRIDLEWOOD DRIVE STREET ADDRESS 04/05/07--01036--006 \*\*150.00 CITY-ST-ZIP BOUNTIFUL, UT 84010 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE BINGEL, BRIAN NAME NAME STREET ADDRESS STREET ADDRESS 2751 EAST 4430 SOUTH CITY-ST-ZIP HOLLADAY, UT 84124 CITY-ST-ZIP (A) Delete TITLE VP TITLE ☐ Change ☐ Addition NAME TALBOT, DAVID NAME STREET ADDRESS 9006 KINGSWOOD PLACE STREET ADDRESS CITY-ST-7IP WACO, TX 76712 CITY-ST-ZIP Richard E. Alvarez C.O.D Change Delete TITLE TITLE NAME 1340 E. Princeton Ave NAME STREET ADDRESS STREET ADDRESS Salt Labe City, UT 84105 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

801,451.2885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: