

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006176

FILED
Jul 07, 2005
Secretary of State

Entity Name: PSR INFORMATION SYSTEM SERVICES, INC.

Current Principal Place of Business:

770 DEDHAM STREET
CANTON, MA 02021

New Principal Place of Business:

Current Mailing Address:

770 DEDHAM STREET
CANTON, MA 02021

New Mailing Address:

FEI Number: 04-2725039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301 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: CP () Delete
Name: BAKER, GLENN A
Address: 30 FLORET CIRCLE
City-St-Zip: HINGHAM, MA 02043

Title: DST () Delete
Name: GIRARD, ANDRE Y
Address: 17 BOWMAN ROAD
City-St-Zip: BILLERICA, MA 01821

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: BAKER, GLENN A
Address: 2 JULIAN WAY
City-St-Zip: HINGHAM, MA 02043

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GLENN A BAKER

PRES

07/07/2005

Electronic Signature of Signing Officer or Director

_____ Date