

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001024

FILED  
Apr 09, 2012  
Secretary of State

**Entity Name:** ABILITY SERVICES NETWORK, INC.

**Current Principal Place of Business:**

2905 PREMIERE PARKWAY  
SUITE 375  
DULUTH, GA 30097

**New Principal Place of Business:**

2397 HUNTCREST WAY  
SUITE 200  
LAWRENCEVILLE, GA 30043

**Current Mailing Address:**

2905 PREMIERE PARKWAY  
SUITE 375  
DULUTH, GA 30097

**New Mailing Address:**

2397 HUNTCREST WAY  
SUITE 200  
LAWRENCEVILLE, GA 30043

**FEI Number:** 58-2556457

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
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

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: WHOBREY, GENE  
Address: 2397 HUNTCREST WAY SUITE 200  
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: D  
Name: WHOBREY, GENE  
Address: 2397 HUNTCREST WAY SUITE 200  
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: D  
Name: MARTINI, SUSANNE  
Address: 2397 HUNTCREST WAY SUITE 200  
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: SD  
Name: TODD, BRIAN  
Address: 2397 HUNTCREST WAY SUITE 200  
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: TD  
Name: MCNEILL, JAMES  
Address: 2397 HUNTCREST WAY SUITE 200  
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: DCOO  
Name: MAHONEY, KEVIN  
Address: 2397 HUNTCREST WAY SUITE 200  
City-St-Zip: LAWRENCEVILLE, GA 30043

I hereby 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 all other like empowered.

SIGNATURE: JAMES MCNEILL

CFO

04/09/2012

Electronic Signature of Signing Officer or Director

Date