

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001561

FILED
Mar 25, 2009
Secretary of State

Entity Name: KELLEY'S LOGISTICS SUPPORT SYSTEMS, INC.

Current Principal Place of Business:

2091 EXCHANGE COURT
FAIRBORN, OH 45324

New Principal Place of Business:

Current Mailing Address:

2091 EXCHANGE COURT
FAIRBORN, OH 45324

New Mailing Address:

FEI Number: 31-1541324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUMMINGS, MICHAEL
KLSS/SPACE LIFT RANGE SUPPORT
840 SOUTH TECH WAY, BLDG. 945 ROOM 6
PATRICK AFB, FL 32925 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: PT () Delete
Name: KELLEY, ANITA L
Address: 282 BELLAIRE DRIVE
City-St-Zip: FAIRBORN, OH 45324

Title: VS () Delete
Name: POWERS, STEVE T
Address: 282 BELLAIRE DRIVE
City-St-Zip: FAIRBORN, OH 45324

Title: COO () Delete
Name: BORTON, NICHOLAS T
Address: 6701 EDDINGTON CT
City-St-Zip: DAYTON, OH 45459

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: LEE ANN PUCKETT

OM

03/25/2009

Electronic Signature of Signing Officer or Director

Date