2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# F05000002579

Entity Name: BRANCH SERVICES, INC.

Current Principal Place of Business:

141 LAFAYETTE KEY
COLTS NECK, NJ 07722

New Principal Place of Business:

Current Mailing Address:

PO BOX 224
COLTS NECK, NJ 07722

New Mailing Address:

FEI Number: 56-2350228 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAURER, JANI E
500 N.E. SPANISH RIVER BLVD STE 27
BOCA RATON, FL 33431 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: SALIANI, NICHOLAS
Address: 101-3 COLIN DRIVE
City-St-Zip: HOLBROOK, NY 11741

Title: VCST (X) Delete
Name: SALIANI, CHRISTOPHER
Address: 101-3 COLIN DRIVE
City-St-Zip: HOLBROOK, NY 11741

Title: DVP ( ) Delete
Name: CAPUTO, MICHAEL J
Address: 261 WEST 35TH STREET
City-St-Zip: NEW YORK, NY 11741

Title: D ( ) Delete
Name: CHU, ARTHUR
Address: 101-3 COLIN DRIVE
City-St-Zip: HOLBROOK, NY 11741

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:

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: GRACE BOCCUZZO CONT 01/09/2008

Electronic Signature of Signing Officer or Director — Date