2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F05000004589

Title:

Title:

Name:

Address: City-St-Zip:

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SVP

LEE, JEFFREY

() Delete

9025 CENTRE POINTE DR STE 400

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WEST CHESTER, OH 45069 US

FILED Aug 28, 2009 Secretary of State

Entity Name: CONTECH BRIDGE SOLUTIONS INC. **Current Principal Place of Business: New Principal Place of Business:** 9025 CENTRE POINTE DRIVE SUITE 400 WEST CHESTER, OH 45069 US **New Mailing Address: Current Mailing Address:** 9025 CENTRE POINTE DRIVE SUITE 400 WEST CHESTER, OH 45069 US FEI Number: 86-1142693 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DIRE () Delete Title: (X) Change () Addition KEATING, RONALD KEATING, RONALD C Name: Name: 9025 CENTRE POINTE DR STE 400 9025 CENTRE POINTE DR STE 400 Address: Address: City-St-Zip: WEST CHESTER, OH 45069 US City-St-Zip: WEST CHESTER, OH 45069 US PRES Title: Title: () Delete (X) Change () Addition KEATING, RONALD C Name: KEATING RONALD Name: 9025 CENTRE POINTE DR., SUITE 400 9025 CENTRE POINTE DR., SUITE 400 Address: Address: WEST CHESTER, OH 45069 US WEST CHESTER, OH 45069 US City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition SECR Title: SECR APPENZELLER, REBECCA SINGER, THOMAS D Name: Name: 9025 CENTRE POINTE DR., SUITE 400 9025 CENTRE POINTE DR., SUITE 400 Address: Address: WEST CHESTER, OH 450694984 US City-St-Zip: WEST CHESTER, OH 450694984 US 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

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WEST CHESTER, OH 45069 US

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CARFAGNO, MICHAEL G

above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL G CARFAGNO VP 08/28/2009