

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90472 032 \*\*\*150.00

**60032669**



<b>DOCUMENT # F05000004864</b> 1. Entity Name <b>ESS SUPPORT SERVICES (AMERICAS), INC.</b>					
Principal Place of Business <b>955 CHESTERBROOK BLVD. SUITE 300 WAYNE, PA 19087</b>			Mailing Address <b>955 CHESTERBROOK BLVD. SUITE 300 WAYNE, PA 19087</b>		
2. Principal Place of Business		3. Mailing Address <b>401ax Dept 2400 Yorkmont Rd Charlotte NC</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-1684939</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
8. 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. I am familiar with, and accept the obligations of registered agent.			SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD KUTTEH, ROBERT 955 CHESTERBROOK BLVD. WAYNE, PA 19087</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COOV GIANOTTI, JOHN 955 CHESTERBROOK BLVD. WAYNE, PA 19087</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MORTON, CHARLES 955 CHESTERBROOK BLVD. WAYNE, PA 19087</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CTD GATTI, DANIEL 955 CHESTERBROOK BLVD. WAYNE, PA 19087</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MOFFETT, M. ELLEN 955 CHESTERBROOK BLVD. WAYNE, PA 19087</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS ROSSITCH, RICHARD 2400 YORKMONT ROAD CHARLOTTE, NC 28217</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Deloral K. Delano</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4-27-2006</u> Daytime Phone #: <u>704-328-7708</u>		

# ATTACHMENT

60032669

# F05 000004864

## ESS Support Services (Americas), Inc. Corporate Data Sheet

**Corporation Name:** ESS Support Services (Americas), Inc.

### **DIRECTORS:**

Robert Kutteh  
Daniel Gatti  
John Gianotti

### **OFFICERS:**

Robert Kutteh  
John Gianotti  
Charles Morton  
Daniel Gatti  
M. Ellen Moffett  
Richard Rossitch  
Deborah K. Defano  
Nicole Tharrington  
C. Phillip Wells

### **TITLE:**

CEO  
COO & Sr. Vice President  
Sr. Vice President  
Sr. Vice President & Treasurer  
Secretary  
Assistant Secretary  
Assistant Secretary – Tax  
Assistant Secretary  
Assistant Secretary