

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001228

FILED
Jan 04, 2011
Secretary of State

Entity Name: MULTIFAMILY TECHNOLOGY SOLUTIONS, INC.

Current Principal Place of Business:

343 SANSOME STREET
SUITE 700
SAN FRANCISCO, CA 94104

New Principal Place of Business:

Current Mailing Address:

343 SANSOME STREET
SUITE 700
SAN FRANCISCO, CA 94104

New Mailing Address:

FEI Number: 20-3334391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE DR., SUITE 4
WESTON, FL 33331 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: PST
Name: HELM, JOHN
Address: 343 SANSOME STREET, SUITE 700
City-St-Zip: SAN FRANCISCO, CA 94104

Title: D
Name: FENTON, NOEL
Address: 343 SANSOME STREET, SUITE 700
City-St-Zip: SAN FRANCISCO, CA 94104

Title: AS
Name: HELM, ROBERT WILLIAM
Address: 343 SANSOME STREET, SUITE 700
City-St-Zip: SAN FRANCISCO, CA 94104

Title: AS
Name: BERTOLLI, JOHN
Address: 343 SANSOME STREET, SUITE 700
City-St-Zip: SAN FRANCISCO, CA 94104

Title: AS
Name: ODOM, DEIDRA
Address: 343 SANSOME STREET, SUITE 700
City-St-Zip: SAN FRANCISCO, CA 94104

Title: AS
Name: MASTROMATTO, THOMAS
Address: 343 SANSOME STREET, SUITE 700
City-St-Zip: SAN FRANCISCO, CA 94104

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: JOHN H HELM

PRES

01/04/2011

Electronic Signature of Signing Officer or Director

Date