

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006577

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** SUMMIT IT SERVICES INC.

**Current Principal Place of Business:**

45 SOUTH MAIN STREET STE 040  
WEST HARTFORD, CT 06107

**New Principal Place of Business:**

**Current Mailing Address:**

45 SOUTH MAIN STREET STE 040  
WEST HARTFORD, CT 06107

**New Mailing Address:**

**FEI Number:** 06-1477298

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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  
**Name:** PATEL, PAUL  
**Address:** 45 SOUTH MIAN STREET STE 040  
**City-St-Zip:** WEST HARTFORD, CT 06107

**Title:** DS  
**Name:** PATEL, SMITA  
**Address:** 45 SOUTH MIAN STREET STE 040  
**City-St-Zip:** WEST HARTFORD, CT 06107

**Title:** DV  
**Name:** CALMA, CHRISTOPHER  
**Address:** 45 SOUTH MIAN STREET STE 040  
**City-St-Zip:** WEST HARTFORD, CT 06107

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:** SMITA PATEL

CFO

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date