

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007148

Entity Name: COLLABORATIVE FUSION, INC.

FILED  
Jan 13, 2009  
Secretary of State

## Current Principal Place of Business:

1710 MURRAY AVE  
SUITE 320  
PITTSBURGH, PA 15217

## New Principal Place of Business:

5849 FORBES AVENUE  
PITTSBURGH, PA 15217

## Current Mailing Address:

1710 MURRAY AVE  
SUITE 320  
PITTSBURGH, PA 15217

## New Mailing Address:

5849 FORBES AVENUE  
PITTSBURGH, PA 15217

FEI Number: 25-1865773

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR  
SUITE A  
TALLAHASSEE, FL 32301 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: OMER, ATILA  
Address: 1710 MURRAY AVE, SUITE 320  
City-St-Zip: PITTSBURGH, PA 15217

Title: VPS ( ) Delete  
Name: KAPLAN, BRYAN  
Address: 1710 MURRAY AVE, SUITE 320  
City-St-Zip: PITTSBURGH, PA 15217

Title: D ( ) Delete  
Name: FECHTER, GEORGE  
Address: 1710 MURRAY AVE, SUITE 320  
City-St-Zip: PITTSBURGH, PA 15217

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition  
Name: OMER, ATILA  
Address: 5849 FORBES AVENUE  
City-St-Zip: PITTSBURGH, PA 15217

Title: VPS (X) Change ( ) Addition  
Name: KAPLAN, BRYAN  
Address: 5849 FORBES AVENUE  
City-St-Zip: PITTSBURGH, PA 15217

Title: D (X) Change ( ) Addition  
Name: FECHTER, GEORGE  
Address: 5849 FORBES AVENUE  
City-St-Zip: PITTSBURGH, PA 15217

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: BRYAN KAPLAN

VPS

01/13/2009

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

\_\_\_\_\_  
Date