

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007183

Entity Name: IIF DATA SOLUTIONS, INC.

FILED
Jul 30, 2009
Secretary of State

Current Principal Place of Business:

5885 TRINITY PARKWAY
STE. 120
CENTREVILLE, VA 20120

New Principal Place of Business:

Current Mailing Address:

5885 TRINITY PARKWAY
STE. 120
CENTREVILLE, VA 20120

New Mailing Address:

FEI Number: 54-1885520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PATTEN, CHARLES R
5232 SW 11TH PLACE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DRIVE
SUITE A
TALLAHASSEE, FL 32301 US

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: JANIECE GARCIA

07/30/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PATTEN, CHARLES R
Address: 5232 SW 11TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: VP () Delete
Name: PATTEN, CHARLES R JUNIOR
Address: 7668 GREAT DOVER ST.
City-St-Zip: GAINESVILLE, VA 20155

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIRE () Change (X) Addition
Name: TRIMBLE, KIMBERLY A DIRECTO
Address: 5885 TRINITY PARKWAY, SUITE 120
City-St-Zip: CENTREVILLE, VA 20120 US

Title: DIR () Change (X) Addition
Name: PATTEN, DEBORAH A DIRECTO
Address: 5232 SW 11TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

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: KIMBERLY TRIMBLE

DIR

07/30/2009

Electronic Signature of Signing Officer or Director

Date