# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 12, 2007 08:00 A**
**Secretary of State**

DOCUMENT # F06000007824

1. Entity Name
PRO-SERVICE FORWARDING CO., INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3333 NEW HYDE PARK RD<br>STE 301<br>NEW HYDE PARK, NY 11042 | 3333 NEW HYDE PARK RD<br>STE 301<br>NEW HYDE PARK, NY 11042 |

02052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
11-2523436

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN RD
ORLANDO, FL 32811

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2007 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PC |
| NAME | ROSENTHAL, MARTY |
| STREET ADDRESS | 8915 S LACIENEGA BLVD |
| CITY-ST-ZIP | INGLEWOOD, CA 90301 |
| TITLE | VPS |
| NAME | VECCHIONE, ROBERT |
| STREET ADDRESS | 3333 NEW HYDE PARK RD - STE 301 |
| CITY-ST-ZIP | NEW HYDE PARK, NY 11042 |
| TITLE | TCFO |
| NAME | MADISON, JAMES |
| STREET ADDRESS | 3333 NEW HYDE PARK RD - STE 301 |
| CITY-ST-ZIP | NEW HYDE PARK, NY 11042 |
| TITLE | CEO |
| NAME | MEEHAN, JACKS J |
| STREET ADDRESS | 3333 NEW HYDE PARK RD - STE 301 |
| CITY-ST-ZIP | NEW HYDE PARK, NY 11042 |
| TITLE | VPAS |
| NAME | LOTITO, ANGELA C |
| STREET ADDRESS | 3333 NEW HYDE PARK RD - STE 301 |
| CITY-ST-ZIP | NEW HYDE PARK, NY 11042 |
| TITLE | VP |
| NAME | ALLAN, JOHN |
| STREET ADDRESS | 15 GUITTARD RD |
| CITY-ST-ZIP | BURLINGAME, CA 94010 |

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02/20/07-80015-001 150.00

**DO NOT WRITE IN THIS SPACE**

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:** James L Madison JAMES L. MADISON, CFO 2/08/07 (516)365-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #