

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002111

FILED
Jan 14, 2009
Secretary of State

Entity Name: SPECTRUM CONSULTING SOLUTIONS, INC

Current Principal Place of Business:

7801 E BUSH LAKE ROAD SUITE 210
BLOOMINGTON, MN 55439

New Principal Place of Business:

Current Mailing Address:

7801 E BUSH LAKE ROAD SUITE 210
BLOOMINGTON, MN 55439

New Mailing Address:

FEI Number: 41-2010711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC
155 OFFICE PLAZA DR STE 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: P () Delete
Name: ORR, LEON JR
Address: 15400 EMERY AVE E
City-St-Zip: ROSEMOUNT, MN 55068

Title: V () Delete
Name: JEROME, MARTIN
Address: 4315 EWING AVE S
City-St-Zip: MINNEAPOLIS, MN 55410

Title: S () Delete
Name: BENEDICT, KEITH
Address: 7405 N 124TH ST
City-St-Zip: OMAHA, NE 68142

Title: T () Delete
Name: WILLIAMS, DOUG
Address: 8705 YALTA ST NE
City-St-Zip: BLANE, MN 55014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: LEON W ORR JR

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date