


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2008 8:00 am
Secretary of State

09-12-2008 90001 048 ***550.00

DOCUMENT # F07000002854					
1. Entity Name RESPONSE SERVICE INNOVATION, INC.					
Principal Place of Business % RSI, INC. <i>1670 Kohler's Crossing</i> 7901 E RIVERSIDE DRIVE, BLDG 2, SUITE 150 AUSTIN, TX 78744-1661		Mailing Address % RSI, INC. <i>1670 Kohler's Crossing</i> 7901 E RIVERSIDE DRIVE, BLDG 2, SUITE 150 AUSTIN, TX 78744-1661		40115753	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		09012008 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 74-2258587	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AIELLO, ROBERT 182 S PINEHURST MELBOURNE, FL 32940				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP MALKANI, HARISH <i>1670 Kohler's Crossing</i> 7901 E RIVERSIDE DRIVE, BLDG 2, SUITE 150 AUSTIN, TX 78744 <i>kyle, TX 78640</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALKANI, JEANNE NOLAN 7901 E RIVERSIDE DRIVE, BLDG 2, SUITE 150 AUSTIN, TX 78744 <i>Same as above</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASH, JEFFERY 7901 E RIVERSIDE DRIVE, BLDG 2, SUITE 150 AUSTIN, TX 78744 <i>Same as above</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JOHNSON, LISA <i>JOHNSTON, LISA</i> 7901 E RIVERSIDE DRIVE, BLDG 2, SUITE 150 AUSTIN, TX 78744 <i>Same as above</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>LISA JOHNSON</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 9-1-08 (512)268-7500 x3229	