

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002854

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: RESPONSE SERVICE INNOVATION, INC.

## Current Principal Place of Business:

% RSI, INC.  
1670 KOHLERIG CR  
KYLE, TX 78640

## New Principal Place of Business:

RSI, INC.  
1670 KOHLER'S CROSSING  
KYLE, TX 78640

## Current Mailing Address:

% RSI, INC.  
1670 KOHLERIG CR  
KYLE, TX 78640

## New Mailing Address:

RSI, INC.  
1670 KOHLER'S CROSSING  
KYLE, TX 78640

FEI Number: 74-2258587

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AIELLO, ROBERT  
182 S PINEHURST  
MELBOURNE, FL 32940 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: MALKANI, HARISH  
Address: 1670 KOHLERIG CROSSING  
City-St-Zip: KYLE, TX 78640

Title: D ( ) Delete  
Name: MALKANI, JEANNE NOLAN  
Address: 1670 KOHLERIG CROSSING  
City-St-Zip: KYLE, TX 78640

Title: D ( ) Delete  
Name: NASH, JEFFERY  
Address: 1670 KOHLERIG CROSSING  
City-St-Zip: KYLE, TX 78640

Title: AS ( ) Delete  
Name: JOHNSON, LISA  
Address: 1670 KOHLERIG CROSSING  
City-St-Zip: KYLE, TX 78640

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition  
Name: MALKANI, HARISH  
Address: 1670 KOHLER'S CROSSING  
City-St-Zip: KYLE, TX 78640

Title: D (X) Change ( ) Addition  
Name: MALKANI, JEANNE NOLAN  
Address: 1670 KOHLER'S CROSSING  
City-St-Zip: KYLE, TX 78640

Title: D (X) Change ( ) Addition  
Name: NASH, JEFFERY  
Address: 1670 KOHLER'S CROSSING  
City-St-Zip: KYLE, TX 78640

Title: AS (X) Change ( ) Addition  
Name: JOHNSTON, LISA  
Address: 1670 KOHLER'S CROSSING  
City-St-Zip: KYLE, TX 78640

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: LISA JOHNSON

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date