

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-12-2008 90024 031 ***150.00

DOCUMENT # F07000003218

1. Entity Name

AMS CONNECTIVITY SERVICES, INC.



Principal Place of Business

11831 N CREEK PKWY N
BOTHELL, WA 98011

Mailing Address

11831 N CREEK PARKWAY N
BOTHELL, WA 98011

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05232008

Chg-P

CR2E034 (12/06)

4. FEI Number

33-0972565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MENZIES, EUAN
STREET ADDRESS 11831 NORTH CREEK PARKWAY N
CITY-ST-ZIP BOTHELL, WA 98011

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME COVELY, FRED
STREET ADDRESS 16740 BIRKDALE COMMONS PARKWAY 304
CITY-ST-ZIP HUNTERVILLE, NC 28078

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME MARTIN, CHARLES
STREET ADDRESS 16740 BIRKDALE COMMONS PARKWAY 304
CITY-ST-ZIP HUNTERVILLE, NC 28078

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPS ☐ Delete
NAME MORROW, JOHN
STREET ADDRESS 11831 NORTH CREEK PARKWAY N
CITY-ST-ZIP BOTHELL, WA 98011

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CFO ☐ Delete
NAME SCHICK, JOSEPH
STREET ADDRESS 11831 NORTH CREEK PARKWAY N
CITY-ST-ZIP BOTHELL, WA 98011

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME DAY, TRACY
STREET ADDRESS 11831 NORTH CREEK PARKWAY N
CITY-ST-ZIP BOTHELL, WA 98011

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AUG 01 2008