

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004434

FILED
Jan 14, 2009
Secretary of State

Entity Name: RESOURCE SYSTEMS GROUP, INC.

Current Principal Place of Business:

55 RAILROAD ROW
WHITE RIVER, VT 05001

New Principal Place of Business:

Current Mailing Address:

55 RAILROAD ROW
WHITE RIVER, VT 05001

New Mailing Address:

FEI Number: 02-0405879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS INC
155 OFFICE PLAZA DR SUITE 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: C () Delete
Name: HIGH, COLIN
Address: 55 RAILROAD ROW
City-St-Zip: WHITE RIVER, VT 05001

Title: DP () Delete
Name: ADLER, THOMAS
Address: 55 RAILROAD ROW
City-St-Zip: WHITE RIVER, VT 05001

Title: D () Delete
Name: KALISKI, KENNETH
Address: 55 RAILROAD ROW
City-St-Zip: WHITE RIVER, VT 05001

Title: VT () Delete
Name: ADAMS, CLAYTON
Address: 55 RAILROAD ROW
City-St-Zip: WHITE RIVER, VT 05001

Title: S () Delete
Name: BARRETT, SUE
Address: 55 RAILROAD ROW
City-St-Zip: WHITE RIVER, VT 05001

Title: D () Delete
Name: MCCURDY, STEPHAN
Address: 2312 ISABELLA STREET
City-St-Zip: EVANSTON, IL 60201

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:

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: SUE BARRETT

S

01/14/2009

Electronic Signature of Signing Officer or Director

Date