2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004540

Entity Name: SPRUCE COMPUTER SYSTEMS, INC.

FILED Feb 04, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
9 CORNELL RD. LATHAM, NY 12110					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
9 CORNELL RD. LATHAM, NY 12110					
FEI Number:	14-1670373	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
ENGEL, WARREN 4055 COLLINGSWOOD RD. PENSACOLA, FL 32514 US					
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:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () I MCQUADE, RAY 9 CORNELL RD. LATHAM, NY 12		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () I TIFFT, MARY J 9 CORNELL RD. LATHAM, NY 12		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () EFITZPATRICK, R 9 CORNELL RD. LATHAM, NY 12		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	NOVACK, JAN	Delete 901-25 PARK AVE. NJ 07087	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I HALLGREN, JON 885 ROUTE 67 BALLSTON SPA,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ()[DONOVAN, THOI 11 BRITISH AME LATHAM, NY 12	RICAN BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
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: MARY JANE TIFFT S 02/04/2009