2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# F08000004540

Entity Name: SPRUCE COMPUTER SYSTEMS, INC.

Current Principal Place of Business:

9 CORNELL RD.
LATHAM, NY 12110

New Principal Place of Business:

Current Mailing Address:

9 CORNELL RD.
LATHAM, NY 12110

New Mailing Address:

FEI Number: 14-1670373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ENGEL, WARREN
4055 COLLINGSWOOD RD.
PENSACOLA, FL 32514 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: P ( ) Delete
Name: MCQUADE, RAYMOND P
Address: 9 CORNELL RD.
City-St-Zip: LATHAM, NY 12110

Title: S ( ) Delete
Name: TIFFT, MARY J
Address: 9 CORNELL RD.
City-St-Zip: LATHAM, NY 12110

Title: D ( ) Delete
Name: FITZPATRICK, ROBERT
Address: 9 CORNELL RD.
City-St-Zip: LATHAM, NY 12110

Title: D ( ) Delete
Name: NOVACK, JAN
Address: P. O. BOX 857,1901-25 PARK AVE.
City-St-Zip: WEEHAWKEN, NJ 07087

Title: D ( ) Delete
Name: HALLGREN, JON
Address: 885 ROUTE 67
City-St-Zip: BALLSTON SPA, NY 12020

Title: D ( ) Delete
Name: DONOVAN, THOMAS
Address: 11 BRITISH AMERICAN BLVD.
City-St-Zip: LATHAM, NY 12110

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: MARY JANE TIFFT S 02/04/2009

Electronic Signature of Signing Officer or Director Date