

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004159

FILED
Jul 16, 2010
Secretary of State

Entity Name: KABLE FULFILLMENT SERVICES, INC.

Current Principal Place of Business:

16 SOUTH WESLEY AVE.
MT. MORRIS, IL 61054

New Principal Place of Business:

Current Mailing Address:

16 SOUTH WESLEY AVE.
MT. MORRIS, IL 61054

New Mailing Address:

FEI Number: 41-2077345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
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

OFFICERS AND DIRECTORS:

Title: P
Name: MENEUGH, JOHN F
Address: 11 COMMERCE BLVD.
City-St-Zip: PALM COAST, FL 32164

Title: D
Name: DULOC, MICHAEL P
Address: 14 WALL ST., SUITE 4C
City-St-Zip: NEW YORK, NY 10005

Title: V
Name: PIZZA, PETER M
Address: 300 ALEXANDER PARK, SUITE 204
City-St-Zip: PRINCETON, NJ 08540

Title: S
Name: BAKENER, DAVID E
Address: 16 SOUTH WESLEY AVE.
City-St-Zip: MT. MORRIS, IL 61054

Title: TV
Name: OBENDORF, BRUCE
Address: 16 SOUTH WESLEY AVE.
City-St-Zip: MT. MORRIS, IL 61054

Title: C
Name: HOUGH, TIMOTHY
Address: 16 SOUTH WESLEY AVE.
City-St-Zip: MT. MORRIS, IL 61054

I hereby 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 all other like empowered.

SIGNATURE: DAVID E. BAKENER

S

07/16/2010

Electronic Signature of Signing Officer or Director

Date