

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002562

FILED
Apr 29, 2012
Secretary of State

Entity Name: COMPETITIVE SHARED SERVICES, INC.

Current Principal Place of Business:

100 SUMMIT LAKE DRIVE
SUITE 410
VALHALLA, NY 10595

New Principal Place of Business:

Current Mailing Address:

100 SUMMIT LAKE DRIVE
SUITE 410
VALHALLA, NY 10595

New Mailing Address:

FEI Number: 90-0117298 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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: D
Name: RYAN, JOANN F
Address: 100 SUMMIT LAKE DRIVE, SUITE 410
City-St-Zip: VALHALLA, NY 10595

Title: D
Name: HOGLUND, ROBERT
Address: 100 SUMMIT LAKE DRIVE, SUITE 410
City-St-Zip: VALHALLA, NY 10595

Title: D
Name: LOPEZ, JORGE J
Address: 100 SUMMIT LAKE DRIVE, SUITE 410
City-St-Zip: VALHALLA, NY 10595

Title: D
Name: MENNELLA, ROBERT J
Address: 100 SUMMIT LAKE DRIVE, SUITE 410
City-St-Zip: VALHALLA, NY 10595

Title: D
Name: MOORE, ELIZABETH D
Address: 100 SUMMIT LAKE DRIVE, SUITE 410
City-St-Zip: VALHALLA, NY 10595

Title: S
Name: MAPELLI, PAUL F
Address: 100 SUMMIT LAKE DRIVE, SUITE 410
City-St-Zip: VALHALLA, NY 10595

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: PAUL F MAPELLI

S

04/29/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date