

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002856

Entity Name: ANCILE SOLUTIONS, INC.

FILED
Apr 23, 2012
Secretary of State

Current Principal Place of Business:

6085 MARSHALEE DRIVE
SUITE 300
ELKRIDGE, MD 21075

New Principal Place of Business:

Current Mailing Address:

6085 MARSHALEE DRIVE
SUITE 300
ELKRIDGE, MD 21075

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:

04/23/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: LONERGAN, FRANCIS
Address: 6085 MARSHALEE DRIVE, SUITE 300
City-St-Zip: ELKRIDGE, MD 21075

Title: STV
Name: MONTELEONE, THOMAS
Address: 6085 MARSHALEE DRIVE, SUITE 300
City-St-Zip: ELKRIDGE, MD 21075

Title: DIR
Name: GESELL, ANDREW
Address: 6085 MARSHALEE DRIVE, SUITE 300
City-St-Zip: ELKRIDGE, MD 21075

Title: DIR
Name: VOGEL, JEFFREY
Address: 6085 MARSHALEE DRIVE, SUITE 300
City-St-Zip: ELKRIDGE, MD 21075

Title: DIR
Name: DELANEY, MICHAEL
Address: 6085 MARSHALEE DRIVE, SUITE 300
City-St-Zip: ELKRIDGE, MD 21075

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: THOMAS MONTELEONE

SEC

04/23/2012

Electronic Signature of Signing Officer or Director

Date