

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000574

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: PROFESSIONAL DATA SOLUTIONS, INC.

**Current Principal Place of Business:**

4747 MCLANE PARKWAY  
TEMPLE, TX 76504

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 6115  
TEMPLE, TX 76503 US

**New Mailing Address:**

FEI Number: 75-1883667      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 323012525 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: CEOD ( ) Delete  
Name: ROSIER, WILLIAM G.  
Address: 4747 MCLANE PARKWAY  
City-St-Zip: TEMPLE, TX 76504

Title: T ( ) Delete  
Name: KOCH, KEVIN J.  
Address: 4747 MCLANE PARKWAY  
City-St-Zip: TEMPLE, TX

Title: S ( ) Delete  
Name: MEWHINNEY, LEN  
Address: 4747 MCLANE PKWY  
City-St-Zip: TEMPLE, TX

Title: AS ( ) Delete  
Name: GRAVES, DONALD R.  
Address: 4747 MCLANE PKWY  
City-St-Zip: TEMPLE, TX

Title: PD ( ) Delete  
Name: YOUNGBLOOD, MIKE  
Address: 4747 MCLANE PKWY  
City-St-Zip: TEMPLE, TX 76504

Title: VPD ( ) Delete  
Name: KENT, JAMES L  
Address: 4747 MCLANE PKWY  
City-St-Zip: TEMPLE, TX 76504

**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: KEVIN J. KOCH

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

TREA

01/12/2009

\_\_\_\_\_ Date