

2010 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 08, 2010
Secretary of State

Entity Name: THE M & T TECHNICAL SERVICES COMPANY

Current Principal Place of Business:

9550 REGENCY SQUARE BLVD
STE 400
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

9550 REGENCY SQUARE BLVD.
SUITE 400
JACKSONVILLE, FL 32225 US

Current Mailing Address:

9550 REGENCY SQUARE BLVD
STE 400
JACKSONVILLE, FL 32225 US

New Mailing Address:

9550 REGENCY SQUARE BLVD.
SUITE 400
JACKSONVILLE, FL 32225 US

FEI Number: 23-0829392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD
Name: KARLOVIC, MARTIN STEPHEN
Address: 9550 REGENCY SQUARE BLVD. SUITE 400
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: TVP
Name: ONUR, EROL A
Address: 9550 REGENCY SQUARE BLVD. SUITE 400
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: SEC
Name: SEIDERS, JOSEPH R
Address: 9550 REGENCY SQUARE BLVD. SUITE 400
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: DIR
Name: BALLOU, ROGER H
Address: 9550 REGENCY SQUARE BLVD. SUITE 400
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: DIR
Name: GIORGIO, ROBERT J
Address: 9550 REGENCY SQUARE BLVD. SUITE 400
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: VP
Name: RIEMER, WESLEY N
Address: 9550 REGENCY SQUARE BLVD. SUITE 400
City-St-Zip: JACKSONVILLE, FL 32225 US

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: LAURA LOUIS

POA

04/08/2010

Electronic Signature of Signing Officer or Director

Date