2007 FOR PROFIT CORPORATION

Jan 16, 2007 8:00 am Secretary of State **ANNUAL REPORT** 01-16-2007 90211 047 ***150.00 DOCUMENT # F94000000863 1. Entity Name PERSONNEL DATA SYSTEMS, INC. 60001270 Principal Place of Business Mailing Address 650 SENTRY PARKWAY 650 SENTRY PARKWAY SUITE 200 SUITE 200 BLUE BELL, PA 19422 BLUE BELL, PA 19422 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 23-1925770 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. VD TITLE ☐ Delete T171 F vice President Change ☐ Addition NAME BRADY, GEORGE NAME 1417 UNIBRIDGE WAY STREET ADDRESS STREET ADDRESS NORTH WALES, PA 19454 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition JEFFERIES, CHARLES NAME NAME 432 VOLPE RD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP PLYMOUTH MEETING, PA 19401 CITY-ST-ZIP VD ☐ Delete VICE PRESIDENT Change TITLE TITLE ☐ Addition PALMER, PATRICIA NAME STREET ADDRESS 630 E 4TH STREET STREET ADDRESS CITY-ST-ZIP LANSDALE, PA 19446 CITY-ST-ZIP PRESIDENT IN WITSON RUE DRIVE ☐ Delete TITLE اخت≡ ☐ Change NAME MARTIN NAME STREET ADDRESS 1911 BERVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP COATESVILLE TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete IDE Change ☐ Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all object like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PE ME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED