

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000863

FILED
Jan 13, 2009
Secretary of State

Entity Name: PERSONNEL DATA SYSTEMS, INC.

Current Principal Place of Business:

470 NORRISTOWN RD
STE 202
BLUE BELL, PA 19422 US

New Principal Place of Business:

Current Mailing Address:

CORPORATION SERV. CO
1201 HAYS ST
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 23-1925770 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: BRADY, GEORGE
Address: 1417 UNIBRIDGE WAY
City-St-Zip: NORTH WALES, PA 19454

Title: P () Delete
Name: JEFFERIES, CHARLES
Address: 432 VOLPE RD.
City-St-Zip: PLYMOUTH MEETING, PA 19401

Title: V () Delete
Name: PALMER, PATRICIA
Address: 630 E 4TH STREET
City-St-Zip: LANSDALE, PA 19446

Title: V () Delete
Name: MARTIN, WILSON
Address: 1911 BERVE DRIVE
City-St-Zip: COATESVILLE, PA 19320

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:

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: CHARLES H. JEFFERIES

PRES

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date