2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001089

Entity Name: KLS-MARTIN INC.

FILED Jan 03, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11201 ST JOHNS IND PKWY JACKSONVILLE, FL 32246 US

Current Mailing Address: New Mailing Address:

P O BOX 16427

JACKSONVILLE, FL 32245 US

FEI Number: 59-3215018 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TEAGUE, MICHAEL 11201 ST JOHNS IND PKWY S SUITE 105 JACKSONVILLE, FL 32246 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEO

Name: LEIBINGER, KARL A

Address: 11201 ST. JOHN"S INDUSTRIAL PLAZA SOUTH

City-St-Zip: JACKSONVILLE, FL 32246

Title: AS

Name: ANGRESANO, CYNTHIA

Address: 11201ST JOHNS IND. PKWY. SOUTH

City-St-Zip: JACKSONVILLE, FL 32246

Title: T

Name: LEIBINGER, MONIKA

Address: 11201 ST JOHNS IND PKWY S City-St-Zip: JACKSONVILLE, FL 32246

Title: F

Name: TEAGUE, MICHAEL

Address: 11201 ST JOHNS IND PKWY S City-St-Zip: JACKSONVILLE, FL 32246

Title: VP

Name: GREENE, MICHAEL

Address: 11201 ST JOHNS IND PKWY S City-St-Zip: JACKSONVILLE, FL 32246

Title: VP

Name: ASHBY, JEFFREY

Address: 11201 ST. JOHNSON PKWY SOUTH

City-St-Zip: JACKSONVILLE, FL 32246

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: CYNTHIA ANGRESANO AS 01/03/2012