

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002638

FILED
Apr 25, 2008
Secretary of State

Entity Name: INSERVE SUPPORT SOLUTIONS, INC.

Current Principal Place of Business:

SADDLE RIVER EXECUTIVE CENTRE
1 ROUTE 17 SOUTH
SADDLE RIVER, NJ 07458 US

New Principal Place of Business:

Current Mailing Address:

SADDLE RIVER EXECUTIVE CENTRE
1 ROUTE 17 SOUTH
SADDLE RIVER, NJ 07458 US

New Mailing Address:

FEI Number: 68-0289289 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: CEO () Delete
Name: MARGUARD, MICHAEL J
Address: SADDLERIVER EXECUTIVE CENTRE
City-St-Zip: SADDLE RIVER, NJ 07458 US

Title: T () Delete
Name: SMITH, JEFFREY
Address: SADDLE RIVER EXECUTIVE CENTRE
City-St-Zip: SADDLE RIVER, NJ 07458

Title: S () Delete
Name: SKOLKIN, KERDY
Address: SADDLE RIVER EXECUTIVE CENTRE
City-St-Zip: SADDLE RIVER, NJ 07458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SKOLKIN, KERRY
Address: SADDLE RIVER EXECUTIVE CENTRE
City-St-Zip: SADDLE RIVER, NJ 07458

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: JEFFREY SMITH

CFO

04/25/2008

Electronic Signature of Signing Officer or Director

_____ Date