2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State
05-05-2006 90157 020 ***150.00

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1. Entity Name
PSION TEKLOGIX CORPORATION

40085331

Principal Place of Business	Mailing Address
1810 AIRPORT EXCHANGE BLVD., SUITE 500 ERLANGER, KY 41018	1810 AIRPORT EXCHANGE BLVD., SUITE 500 ERLANGER, KY 41018

01042006 No Chg-P CR2E034 (11/05)

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4. FEI Number
51-0263558
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	CROSBY, CONSTANCE L
STREET ADDRESS	72 WIMBLETON ROAD, ETOBICOKE
CITY-ST-ZIP	ONTARIO, CANADA M9A 3S1,
TITLE	P
NAME	DOUGLAS, ROBERT
STREET ADDRESS	184 CHARSWELL RD
CITY-ST-ZIP	OAKVILLE, ON, CN I3j 3z8
TITLE	~~GM~~
NAME	~~ADAMS, DONALD C~~
STREET ADDRESS	~~866 RIVERWATCH DR~~
CITY-ST-ZIP	~~CRESCENT SPRINGS, KY 41017~~
TITLE	CA
NAME	STUPAK, LAURA
STREET ADDRESS	1940 SILVER LEAF DR.
CITY-ST-ZIP	HEBRON, KY 41048
TITLE	KYLE DAY GENERAL MANAGER
NAME	
STREET ADDRESS	816 BOULDER COURT
CITY-ST-ZIP	VILLA HILLS, KY 41017
TITLE	CAMILLE RECHEL ASST. GEN. MGR
NAME	
STREET ADDRESS	2733 WERKRIDGE DRIVE
CITY-ST-ZIP	CINCINNATI, OH 45248

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12. I hereby certify that the information supplied with this filing 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 other like empowered.

SIGNATURE: [signature] CHIEF ACCOUNTANT APR 24 06 859 371-6006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #