

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # F97000004565

1. Entity Name
PREMIER ELECTION SOLUTIONS, INC.



Principal Place of Business
**5995 MAYFAIR RD
NORTH CANTON, OH 44720 US**

Mailing Address
**PO BOX 3077
C/O 9-C-26
CANTON, OH 44720-8077 US**



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
85-0394190

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCFO
KRAKORA, KEVIN
116 TRUNKO RD
FAIRLAWN, OH 44333**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
WARREN, ROBERT J
1544 SPERRY LANE SE
NORTH CANTON, OH 44709**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPSD
DETTINGER, WARREN W
5237 BIRKDALE NW
CANTON, OH 44708**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BYRD, DAVID
5995 MAYFAIR ROAD
NORTH CANTON, OH 44720**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000813863
02/13/08-80021-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Robert J. Warren

Robert J. Warren

1/17/08

**330
490-10907**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #