

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004565

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: PREMIER ELECTION SOLUTIONS, INC.

## Current Principal Place of Business:

5995 MAYFAIR RD  
NORTH CANTON, OH 44720 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 3077  
C/O 9-C-26  
CANTON, OH 447208077 US

## New Mailing Address:

FEI Number: 85-0394190      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
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: VCFO ( ) Delete  
Name: KRAKORA, KEVIN  
Address: 116 TRUNKO RD  
City-St-Zip: FAIRLAWN, OH 44333

Title: VPT ( ) Delete  
Name: WARREN, ROBERT J  
Address: 1544 SPERRY LANE SE  
City-St-Zip: NORTH CANTON, OH 44709

Title: VPSD (X) Delete  
Name: DETTINGER, WARREN W  
Address: 5237 BIRKDALE NW  
City-St-Zip: CANTON, OH 44708 US

Title: P ( ) Delete  
Name: BYRD, DAVID  
Address: 5995 MAYFAIR ROAD  
City-St-Zip: NORTH CANTON, OH 44720

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: BYRD, DAVE  
Address: 1253 ALLEN STATION PKWY  
City-St-Zip: ALLEN, TX 75002

Title: VPT (X) Change ( ) Addition  
Name: EDGETT, PARTICIA  
Address: 1253 ALLEN STATION PKWY  
City-St-Zip: ALLEN, TX 75002

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

Title: D (X) Change ( ) Addition  
Name: BYRD, DAVID  
Address: 5995 MAYFAIR ROAD  
City-St-Zip: NORTH CANTON, OH 44720

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: DAVE BYRD

PRES

04/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date