

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000463

Entity Name: A S I COMPUTER SYSTEMS, INC.

FILED  
Jan 26, 2009  
Secretary of State

## Current Principal Place of Business:

5250 NORDIC DRIVE  
CEDAR FALLS, IA 50613 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 338  
CEDAR FALLS, IA 50613 US

## New Mailing Address:

FEI Number: 42-1040385

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: CTD ( ) Delete  
Name: COHN, MATTHEW  
Address: 4800 EAST STREET ROAD  
City-St-Zip: TREVOSE, PA 190536646

Title: P ( ) Delete  
Name: WIRTH, DAVID  
Address: 3917 EAST PARK  
City-St-Zip: CEDAR FALLS, IA 50613

Title: SEC ( ) Delete  
Name: BRIGHT, STEPHEN  
Address: 4800 STREET ROAD  
City-St-Zip: TREVOSE, PA 190536646

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC (X) Change ( ) Addition  
Name: SCHAEFFER, STEPHANIE  
Address: 4800 STREET ROAD  
City-St-Zip: TREVOSE, PA 190536646

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: DAVID E. WIRTH

P

01/26/2009

Electronic Signature of Signing Officer or Director

Date