2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006285

Entity Name: GOVCONNECT, INC.

FILED Feb 28, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
11311 CORNELL PARK DRIVE STE 300 CINCINNATI, OH 45242				6200 S. QUEBEC STREET GREENWOOD VILLAGE, CO 80111		
Current Mailing Address:			New M	New Mailing Address:		
6200 S. QUEBEC ST. REGULATORY REPORTING SUITE 330 GREENWOOD VILLAGE, CO 80111						
FEI Number: 59-2957887 FEI Number Applied For ()		FEI Number Not	El Number Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Na				lame and Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US						
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 Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	STAGLIN, GARE	ORPORATE WAY, SUITE A	Title: Name: Address: City-St-Z	TREINEN, DAVI 10825 FARNAM	1 DRIVE	
Title: Name: Address: City-St-Zip:	DOTY, PAUL	Delete . PARK DRIVE, SUITE 300 45242	Title: Name: Address: City-St-Z	SOBCZYK, RAY 6200 S. QUEBE		
Title: Name: Address: City-St-Zip:	FICKE, BRUCE	Delete . PARK DRIVE, SUITE 300 45242	Title: Name: Address: City-St-Z	. ,	Change () Addition	
Title: Name: Address: City-St-Zip:	RODIN, MICHAE	BELFORD AVENUE	Title: Name: Address: City-St-Z		Change () Addition	
Title: Name: Address: City-St-Zip:	AS () I BEARD, PAMELA 12500 E. MT. BE ENGLEWOOD, O	LFORD AVE	Title: Name: Address: City-St-Z		Change () Addition	
Title: Name: Address: City-St-Zip:	TREINEN, DAVID	NAL BANK PKWY SUITE 219	Title: Name: Address: City-St-Z	SOBCZYK, RAY 6200 S. QUEBE		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAMELA BEARD AS 02/28/2005