


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90010 004 ***150.00

DOCUMENT # F99000000066					
1. Entity Name POMEROY SELECT INTEGRATION SOLUTIONS, INC.					
Principal Place of Business 1020 PETERSBURG ROAD HEBRON, KY 41048		Mailing Address 1020 PETERSBURG ROAD HEBRON, KY 41048			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 61-1337096	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	<input checked="" type="checkbox"/> Delete	TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMEROY, STEPHEN E		NAME	COOGAN, KEITH	
STREET ADDRESS	1020 PETERSBURG ROAD		STREET ADDRESS	1020 Petersburg Rd	
CITY-ST-ZIP	HEBRON, KY 41048		CITY-ST-ZIP	Hebron, Ky 41048	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH III, JAMES H		NAME	Coogan, Keith	
STREET ADDRESS	1020 PETERSBURG ROAD		STREET ADDRESS	1020 Petersburg	
CITY-ST-ZIP	HEBRON, KY 41048		CITY-ST-ZIP	Hebron, Ky 41048	
TITLE	SEC	<input checked="" type="checkbox"/> Delete	TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, KEVIN G		NAME	Nelson, Kristi	
STREET ADDRESS	1020 PETERSBURG RD		STREET ADDRESS	1020 Petersburg Rd	
CITY-ST-ZIP	HEBRON, KY 41048		CITY-ST-ZIP	Hebron, Ky 41048	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORY, KEVIN G		NAME	Blachowiak, Keith	
STREET ADDRESS	1020 PETERSBURG ROAD		STREET ADDRESS	1020 Petersburg Rd	
CITY-ST-ZIP	HEBRON, KY 41048		CITY-ST-ZIP	Hebron, Ky 41048	
TITLE	PRES	<input checked="" type="checkbox"/> Delete	TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMEROY, STEPHEN E		NAME	Coogan, Keith	
STREET ADDRESS	1020 PETERSBURG RD		STREET ADDRESS	1020 Petersburg Rd	
CITY-ST-ZIP	HEBRON, KY 41048		CITY-ST-ZIP	Hebron, Ky 41048	
TITLE	TRES	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, KEVIN G		NAME		
STREET ADDRESS	1020 PETERSBURG RD		STREET ADDRESS		
CITY-ST-ZIP	HEBRON, KY 41048		CITY-ST-ZIP		
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: _____			Date: 859-536-0600		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		