## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000000935

Entity Name: CUSTOMER SUPPORT CENTER, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3000 LAKESIDE DR., STE. 200N BANNOCKBURN, IL 60015					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	SIDE DR., STE BURN, IL 600				
FEI Number:	42-1485210	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Na			Name and Address	Name and Address of New Registered Agent:	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name:	P/D () COOPER, DIANI	Delete F	Title: Name:	( ) Change ( ) Addition	
Address:	44 OLD RIDGE		Address:		
City-St-Zip:	DANBURY, CT	06810 US	City-St-Zip:		
Title:	VP/D ()	Delete	Title:	( ) Change ( ) Addition	
Name:	PENGUE, DANIE		Name:		
Address: City-St-Zip:	10 RIVERVIEW DANBURY, CT (		Address: City-St-Zip:		
Title:	VP/T ()	Delete	Title:	() Change () Addition	
Name:	CARFI, TIMOTH		Name:	( ) =	
Address:	44 OLD RIDGEE		Address:		
City-St-Zip:	DANBURY, CT	06810 US	City-St-Zip:		
Title:	AS ()	Delete	Title:	( ) Change ( ) Addition	
Name:	BOGDANOWICZ		Name:		
Address:		E DR., STE. 200N	Address:		
City-St-Zip:	BANNOCKBURN	N, IL 60015	City-St-Zip:		
Title:		Delete	Title:	( ) Change ( ) Addition	
Name:	CISTULLI, JOSE		Name:		
Address: City-St-Zip:	10 RIVERVIEW DANBURY, CT (		Address: City-St-Zip:		
Title:	D ()	Delete	Title:	( ) Change ( ) Addition	
Name:	CARFI, TIMOTH		Name:	( ) change ( ) Addition	
Address:	44 OLD RIDGEE		Address:		
City-St-Zip:	DANBURY, CT	06810	City-St-Zip:		

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: JOSEPH CISTULLI VP/S 04/29/2008