2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# F99000003803

Entity Name: LIEBERT FIELD SERVICES, INC.

Current Principal Place of Business:

610 EXECUTIVE CAMPUS DR
WESTERVILLE, OH 43082

New Principal Place of Business:

Current Mailing Address:

1050 DEARBORN DRIVE
TAX DEPT
COLUMBUS, OH 43085

New Mailing Address:

FEI Number: 43-1811447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: PRES ( ) Delete
Name: DYSERT, S C
Address: 610 EXECUTIVE CAMPUS DR
City-St-Zip: WESTERVILLE, OH 43082

Title: D ( ) Delete
Name: BERGES, J G
Address: 8000 WEST FLORISSANT
City-St-Zip: ST LOUIS, MO 63136

Title: ASD (X) Delete
Name: SMITH, H M
Address: 8000 WEST FLORISSANT
City-St-Zip: ST LOUIS, MO 63136

Title: D ( ) Delete
Name: BAUER, C T
Address: 8000 WEST FLORISSANT
City-St-Zip: ST LOUIS, MO 63136

Title: VP ( ) Delete
Name: STUDER, M E
Address: 610 EXECUTIVE CAMPUS DR
City-St-Zip: WESTERVILLE, OH 43082

Title: T ( ) Delete
Name: BLIND, J T
Address: 1050 DEARBORN DRIVE
City-St-Zip: COLUMBUS, OH 43229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: BIBENS, FRANK
Address: 610 EXECUTIVE CAMPUS DR
City-St-Zip: WESTERVILLE, OH 43082

Title: D (X) Change ( ) Addition
Name: BAUER, ROBERT
Address: 1050 DEARBORN DRIVE
City-St-Zip: COLUMBUS, OH 43229

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

Title: D (X) Change ( ) Addition
Name: EDWARDS, E K
Address: 1050 DEARBORN DRIVE
City-St-Zip: COLUMBUS, OH 43229

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: J T BLIND T 04/30/2007

Electronic Signature of Signing Officer or Director — Date