

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005082

FILED
Aug 26, 2007
Secretary of State

Entity Name: PSI SERVICES III, INC.

Current Principal Place of Business:

7101 WISCONSIN AVENUE
SUITE 1400
BETHESDA, MD 208144871

New Principal Place of Business:

Current Mailing Address:

7101 WISCONSIN AVENUE
SUITE 1400
BETHESDA, MD 208144871

New Mailing Address:

FEI Number: 22-3530036 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WALLACE, RICKY B
10512 INNISBROOK DRIVE
JACKSONVILLE, FL 32222 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

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: ABRAMOWITZ, ELIZABETH A
Address: 7101 WISCONSIN AVENUE , SUITE 1400
City-St-Zip: BETHESDA, MD 208144871

Title: DEA () Delete
Name: ALI, YVONNE B
Address: 7101 WISCONSIN AVENUE , SUITE 1400
City-St-Zip: BETHESDA, MD 208144871

Title: T () Delete
Name: ABRAMOWITZ, MICHAEL E
Address: 7101 WISCONSIN AVENUE , SUITE 1400
City-St-Zip: BETHESDA, MD 208144871

Title: DCFO () Delete
Name: DORTCH, HELEN B
Address: 7101 WISCONSIN AVENUE , SUITE 1400
City-St-Zip: BETHESDA, MD 208144871

Title: DVHR () Delete
Name: WILLIAMS, MELVIN B
Address: 7101 WISCONSIN AVENUE, SUITE 1400
City-St-Zip: BETHESDA, MD 208144871

Title: D () Delete
Name: TOLSON, VINCENT P
Address: 7101 WISCONSIN AVENUE, SUITE 1400
City-St-Zip: BETHESDA, MD 208144871

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: WALLACE, RICKY B
Address: 10512 INNISBROOK DRIVE
City-St-Zip: JACKSONVILLE, FL 32222

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL E. ABRAMOWITZ

T

08/26/2007

Electronic Signature of Signing Officer or Director

Date