

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90152 001 ***600.00

| | | | |
|--|---------|--|---------|
| DOCUMENT # F99000005354 | | | |
| 1. Entity Name POMEROY IT SOLUTIONS SALES COMPANY, INC. | | | |
| Principal Place of Business 1020 PETERSBURG ROAD HEBRON KY 41048 | | Mailing Address 1020 PETERSBURG ROAD HEBRON KY 41048 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



66408039



MOORE CR2E034 (11/03)

| | | | | | |
|---|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent DETARDO, THOMAS J 3740 ST. JOHN'S BLUFF RD. SOUTH JACKSONVILLE FL 32224 | | | | 7. Name and Address of New Registered Agent Name Lisa McKeown Street Address (P.O. Box Number is Not Acceptable) 3740 St Johns Bluff Rd South #19 City Jacksonville FL Zip Code 32224 | |
|---|--|--|--|--|--|

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 *Lisa McKeown*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004. Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|--|---|---------------------------------|--|---|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PC POMEROY, DAVID B 1020 PETERSBURG ROAD HEBRON KY 41048 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VVCT POMEROY, STEPHEN E 1020 PETERSBURG ROAD HEBRON KY 41048 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ROHRKEMPER, MICHAEL E 1020 PETERSBURG ROAD HEBRON KY 41048 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Michael E Rohrkemper* **Michael E Rohrkemper** 3/9/04 (859) 586-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #