



2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # G09210 1. Entity Name VIASYS SERVICES, INC.						05 DEC 14 AM 11:33 SEC. OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 26 LAKEWIRE DRIVE LAKELAND, FL 33815 US				Mailing Address 26 LAKEWIRE DRIVE LAKELAND, FL 33815 US			
2. Principal Place of Business		3. Mailing Address				12062005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number 59-2234741				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent JENNINGS, ANDREA 26 LAKEWIRE DRIVE LAKELAND, FL 33815			
7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road - Team 1 City Plantation FL Zip Code 33324				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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 30%;"> SIGNATURE <i>Barbara A Burke</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY </div> <div style="width: 30%; text-align: right;"> 12-707 <small>DATE</small> </div> </div>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		300062448849 12/28/05--01058--014 **70.00			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCNEILL, LANCE 26 LAKE WIRE DR LAKELAND, FL 33815	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Billy V. Ray 1117 Perimeter Center West Atlanta, GA 30338	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, MEL 10800 BISCAYNE BLVD 10TH FL MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Raymond J. Smith 1117 Perimeter Center West Atlanta, GA 30338	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PALMER, STEVEN E 26 LAKE WIRE DR LAKELAND, FL 33815	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gerry W. Hall 1117 Perimeter Center West Atlanta, GA 30338	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENNINGS, ANDREA 26 LAKE WIRE DRIVE LAKELAND, FL 33815	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gerry W. Hall 1117 Perimeter Center West Atlanta, GA 30338	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HULBERT, KEITH 26 LAKE WIRE DRIVE LAKELAND, FL 33815	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, T, & S Raymond J. Smith 1117 Perimeter Center West Atlanta, GA 30338	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Andrea Jennings 26 Lake Wire Drive Lakeland, FL 33815	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Andrea S Jennings</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				12/8/05 <small>Date</small>		863-607-9988 <small>Daytime Phone #</small>	