2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # G09210 1. Entity Name VIASYS SERVICES, INC.							FILED 06 FEB -3 PH 1: 23				
Principal Place 26 LAKEWIRE LAKELAND, F	DRIVE	US	Mailing Address 26 LAKEWIRE DRIVE LAKELAND, FL 33815 US				TATELLE AND				
2. Principal P	lace of Busin	ess	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01262006	Chg-P	CR2E	034 (11/05)		
City & State			City & State				4. FEI Numb			<u> </u>	pplied For at Applicable
Zip	·		Zip Cour		try	5. Certificate of Status Desired Fee Require			\$8.75 Add Fee Required		
	6. Name	and Address of Current R	gistered Agent Name				7. Name and Address of New Registered Agent				
CT CORPO 1200 SOU PLANTATI	TH PINE I	SLAND ROAD-TEAM	1	Street Address (P.O. Box Number is Not Acceptable)							
				City				FI	Zip Code	9	
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											
одичем в, уурот от printed name от registated agent and use ii approasse. (IAO IC, подняряеть луветь аучеств годинам witer (Rendating) ————————————————————————————————————											
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10		OFFICERS AND D	IRECTORS	11.			ADDITIONS	CHANGES TO OF	FICERS AN	D DIRECTOR	\$ IN 11
TITLE	D		☐ Delete	TITU						☐ Change	☐ Addition
NAME RAY, BILLY V STREET ADDRESS 1117 PERIMETER CENTER WES			т	E Et address		Æ	300069	5847	7796		
CITY-ST-ZIP ATLANTA, GA 30338			'	-ST-ZIP	j	02/14/0601049006 **61.25					
TITLE	DVPT		☐ Delete	fift	<u> </u>	Ì				☐ Change	☐ Addition
NAME STREET ADDRESS		AYMOND J IIMETER CENTER WES		et address							
CITY-ST-ZIP		, GA 30338	!		-ST-ZIP						
TITLE	DP		☐ Delete	TITL	E					Change	☐ Addition
NAME HALL, GERRY W			.	NAM							
STREET ADDRESS 1117 PERIMETER CENTER WES			ı	1	ET ADDRESS - ST-ZIP						
TITLE	S	,	☐ Delete	ŧπL	E			-111-0		☐ Change	Addition
NAME		AYMOND J	-	NAM							
STREET ADDRESS CITY-ST-ZIP		IIMETER CENTER WES GA 30338	1		ET ADDRESS -ST-ZIP						
TITLE	AS	,	□ Delete	TITL	E		·			☐ Change	Addition
NAME		S, ANDREA		NAM	-		7	1. 1			
STREET ADDRESS CITY-ST-ZIP		MIRE DRIVE ID, FL 33815		ET ADDRESS -ST-ZIP	<i> </i>	42,	16/16				
TITLE			☐ Delete	TITE	E	CFC)	4700		☐ Change	X Addition .
NAME				NAN			er Bena	avides			
STREET ADDRESS CITY-ST-ZIP				CITY	ET ADDRESS - ST-ZIP	26 1	Lake Wi	ire Drive	-		
12. I hereby d	certify that th	e information supplied with t	his filing does not qualify for	or the ex	emptions of	on a line	in Chapter 11	19, Florida Statutes.	I further ce	ertify that the in	nformation
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: 120 dd 4.0 Signature of the control of t											