

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H29103

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** TRIAD COMMUNICATIONS SYSTEMS, INC.

**Current Principal Place of Business:**

6900 PHILLIPS HWY., STE. 34  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

6900 PHILLIPS HWY., STE. 34  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 59-2460300

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COWEN, ROSS W.  
5220 RIVER PARK VILLA DR  
ST AUGUSTINE, FL 32092 US

**Name and Address of New Registered Agent:**

COWEN, ROSS W.  
5220 RIVER PARK VILLA DR  
ST AUGUSTINE, FL 32092 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: ROSS W. COWEN

01/04/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: COWEN, ROSS W.  
Address: 5220 RIVER PARK VILLA DR  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: VPS  
Name: COWEN, DARLENE D.  
Address: 5220 RIVER PARK VILLA DR  
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby 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 all other like empowered.

SIGNATURE: ROSS W. COWEN

PT

01/04/2012

Electronic Signature of Signing Officer or Director

Date