

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 28, 2009
Secretary of State**

DOCUMENT# H89270

Entity Name: MAINLINE INFORMATION SYSTEMS, INC.

Current Principal Place of Business:1700 SUMMIT LAKE DR.
TALLAHASSEE, FL 32317 US**New Principal Place of Business:****Current Mailing Address:**1700 SUMMIT LAKE DR.
TALLAHASSEE, FL 32317 US**New Mailing Address:**

FEI Number: 59-2960721 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:HARRIS, FRED F JR
101 E. COLLEGE AVE.
TALLAHASSEE, FL 32301 US**Name and Address of New Registered Agent:**

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: DP () Delete
Name: KEARNEY, RICHARD S
Address: 1700 SUMMIT LAKE DR.
City-St-Zip: TALLAHASSEE, FL 32317Title: D () Delete
Name: HOWELL, WINSTON
Address: 1700 SUMMIT LAKE DR.
City-St-Zip: TALLAHASSEE, FL 32317Title: S () Delete
Name: COFFEY, BOBBI J
Address: 1700 SUMMIT LAKE DRIVE
City-St-Zip: TALLAHASSEE, FL 32317Title: VP () Delete
Name: FORDHAM, JIMMY D
Address: 1700 SUMMIT LAKE DRIVE
City-St-Zip: TALLAHASSEE, FL 32317Title: CFO () Delete
Name: COFFEY, BOBBI J
Address: 1700 SUMMIT LAKE DR
City-St-Zip: TALLAHASSEE, FL 32317Title: D () Delete
Name: SHARE, LESLIE A
Address: 1700 SUMMIT LAKE DR
City-St-Zip: TALLAHASSEE, FL 32317**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: SVP (X) Change () Addition
Name: SHERRIE, KISHBAUGH E
Address: 1700 SUMMIT LAKE DRIVE
City-St-Zip: TALLAHASSEE, FL 32317Title: SVP (X) Change () Addition
Name: FORDHAM, JIMMY D
Address: 1700 SUMMIT LAKE DRIVE
City-St-Zip: TALLAHASSEE, FL 32317Title: CTS (X) Change () Addition
Name: COFFEY, BOBBI J
Address: 1700 SUMMIT LAKE DR
City-St-Zip: TALLAHASSEE, FL 32317Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: SHERRIE E KISHBAUGH

SVP

05/28/2009

Electronic Signature of Signing Officer or Director

Date