

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J15679

FILED  
Apr 06, 2010  
Secretary of State

**Entity Name:** COMPLETION SERVICES, INC.

**Current Principal Place of Business:**

ONE INDEPENDENT DRIVE  
SUITE 2300  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

**Current Mailing Address:**

221 NORTH HOGAN STREET  
SUITE 234  
JACKSONVILLE, FL 32202 US

**New Mailing Address:**

**FEI Number:** 59-2874210

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NICANDRI, PETER  
14 EAST BAY ST  
JACKSONVILLE, FL 32202 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: NARDELLA, ED PRES.  
Address: PO BOX 435  
City-St-Zip: POUND RIDGE, NY 10576 US

Title: TREA  
Name: MANGAN, CHRIS TREASUR  
Address: 3505 S. 61ST AVENUE CIRCLE  
City-St-Zip: OMAHA, NE 68106 US

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: TIMOTHY M. ROBINSON

DIR

04/06/2010

Electronic Signature of Signing Officer or Director

Date