

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J28074

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** TECHNOLOGIES MANAGEMENT, INC.

**Current Principal Place of Business:**

2600 MAITLAND CENTER PKWY  
STE 300  
MAITLAND, FL 32751 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 200  
WINTER PARK, FL 32790 US

**New Mailing Address:**

**FEI Number:** 59-2717508

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WIGHTMAN CORRINE M.  
490 E WEBSTER AVE  
WINTER PARK, FL 32789 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:** PSC  
**Name:** WIGHTMAN, CORRINE M  
**Address:** 490 E WEBSTER AVE  
**City-St-Zip:** WINTER PARK, FL 32789

**Title:** CFOT  
**Name:** JOHNSON, RICHARD L  
**Address:** 490 E WEBSTER AVE  
**City-St-Zip:** WINTER PARK, FL 32789

**Title:** VP  
**Name:** BYRNES, MONIQUE  
**Address:** 2600 MAITLAND CENTER PKWY STE 300  
**City-St-Zip:** MAITLAND, FL 32751

**Title:** VP  
**Name:** ROESEL, CAREY  
**Address:** 2600 MAITLAND CENTER PKWY STE 300  
**City-St-Zip:** MAITLAND, FL 32751

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:** CORRINE M. WIGHTMAN

PSC

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date