

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M91610

FILED  
Jan 23, 2010  
Secretary of State

**Entity Name:** CUSTOMER SATISFACTION SYSTEMS, INC.

**Current Principal Place of Business:**

% PAUL J. FUNK  
4362 REEVES RD  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

% PAUL J. FUNK  
4362 REEVES RD  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

**FEI Number:** 59-2907290

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FUNK, PAUL J PRES  
4362 REEVES ROAD  
NEW PORT RICHEY, FL 34652 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:** DPS  
**Name:** FUNK, PAUL J.  
**Address:** 4362 REEVES ROAD  
**City-St-Zip:** NEW PORT RICHEY, FL

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:** PAUL J. FUNK

PRES

01/23/2010

Electronic Signature of Signing Officer or Director

Date