

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005493

FILED
Sep 07, 2009
Secretary of State

Entity Name: FISCIENT INC

Current Principal Place of Business:

2519 N MCMULLEN BOOTH RD
SUITE 510-231
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

2519 N MCMULLEN BOOTH RD
SUITE 510-231
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 26-2253645 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SALLEE, BRIAN L
2519 N MCMULLEN BOOTH RD
SUITE 510-231
CLEARWATER, FL 33761 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALLEE, BRIAN L
Address: 2519 N MCMULLEN BOOTH RD
City-St-Zip: CLEARWATER, FL 33761 US

Title: VP () Delete
Name: MOORE, DANIEL E
Address: 2500 WINDING CREEK BLVD A-101
City-St-Zip: CLEARWATER, FL 33761 US

Title: VP () Delete
Name: SALLEE, LARRY
Address: 761 23RD AVE
City-St-Zip: HICKORY, NC 28601 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SALLEE, BRIAN L
Address: 2519 N MCMULLEN BOOTH RD 510-231
City-St-Zip: CLEARWATER, FL 33761 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN SALLEE

P

09/07/2009

Electronic Signature of Signing Officer or Director

Date