

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004137

FILED
May 01, 2008
Secretary of State

Entity Name: APPLIED SYSTEMS CLIENT NETWORK, INC.

Current Principal Place of Business:

801 DOUGLAS AVE
SUITE 205
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

801 DOUGLAS AVE
SUITE 205
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3206816 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

SCHAFER, MITCHELL P
541 S ORLANDO AVE
SUITE 300
MAITLAND, FL 32751 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: DV () Delete
Name: FAVREAU, KIM
Address: 19 W CENTRAL STREET
City-St-Zip: NATICK, MA 01760 US

Title: DT () Delete
Name: ROBINSON, JOSEPH F
Address: 325 CHESTNUT STREET
City-St-Zip: PHILADELPHIA, PA 19106 US

Title: DPP () Delete
Name: ABRAMSON, DONNA
Address: 1010 - 24 STREET SE
City-St-Zip: HIGH RIVER, AB T1V 2A7 CA

Title: DP () Delete
Name: TUTEN, VICKY
Address: 7750 MONTGOMERY RD
City-St-Zip: CINCINNATI, OH 45236 US

Title: DS () Delete
Name: MONTGOMERY, MICHAEL
Address: 444 W 47TH ST #900
City-St-Zip: KANSAS CITY, MO 64112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FAVREAU, KIM
Address: 19 W CENTRAL STREET
City-St-Zip: NATICK, MA 01760 US

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

Title: DPP (X) Change () Addition
Name: TUTEN, VICKY
Address: 7750 MONTGOMERY ROAD
City-St-Zip: CINCINNATI, OH 45236 US

Title: DV (X) Change () Addition
Name: MONTGOMERY, MICHAEL
Address: 444 W 47TH ST #900
City-St-Zip: KANSAS CITY, MO 64112 US

Title: DS (X) Change () Addition
Name: CHRISTINE, FORBES
Address: 1001 HIGHLANDS PLAZA DR W #500
City-St-Zip: ST. LOUIS, MO 63110

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: LINN J. WHEELING

DIR

05/01/2008

Electronic Signature of Signing Officer or Director

Date