

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004137

FILED
Jan 08, 2010
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 ()

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: DP
Name: PARRY-BECKER, LISA
Address: 107 E CORPORATE DR
City-St-Zip: LANGHORNE, PA 19047 US

Title: DT
Name: WARN, JOHN
Address: 3812 QUAKERBRIDGE RD
City-St-Zip: TRENTON, NJ 08619 US

Title: DPP
Name: MONTGOMERY, MIKE
Address: 444 W 47TH STREET
City-St-Zip: KANSAS CITY, MO 64112 US

Title: DV
Name: BARTOSH, BRIAN
Address: 514 N RIPLEY BLVD
City-St-Zip: ALPENA, MI 49707 US

Title: DS
Name: TILLEY, PHILLIP
Address: 864 E HIGHWAY 60 #G
City-St-Zip: MONETT, MO 65708

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

SIGNATURE: LORI SCHIPMAN

DIR

01/08/2010

Electronic Signature of Signing Officer or Director

Date