2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N96000003324

Entity Name: FEDERATION OF INTERNET SOLUTION PROVIDERS OF THE AMERICAS, INC.

Current Principal Place of Business:

2610 BROOK HOLLOW ROAD
SUITE 100
CHARLOTTE, NC 28270

New Principal Place of Business:

Current Mailing Address:

PO BOX 2270
MATTHEWS, NC 28106 US

New Mailing Address:

FEI Number: 59-3379948 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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:	D	( ) Delete
Name:	LIEBERMAN, JONATHON	
Address:	1035 NE 125 STREET, SUITE 300	
City-St-Zip:	NORTH MIAMI, FL 33161 US	
Title:	D	( ) Delete
Name:	BUBB, DON	
Address:	616 INDUSTRIAL AVE	
City-St-Zip:	HOOD RIVER, OR 97031	
Title:	D	( ) Delete
Name:	TAGUE, MICHAEL	
Address:	1048 E CHESTNUT	
City-St-Zip:	LOUISVILLE, KY 40204	
Title:	D	( ) Delete
Name:	FORD, ROBERT	
Address:	300 S. HARBOR BLVD, SUITE 500	
City-St-Zip:	ANAHEIM, CA 92805 US	
Title:	D	( ) Delete
Name:	TOMES, PAUL	
Address:	5050 POPLAR AVE, SUITE 170	
City-St-Zip:	MEMPHIS, TN 38157 US	
Title:	D	( ) Delete
Name:	DUNLAP, JERRY	
Address:	3200 WEST END AVE, SUITE 100	
City-St-Zip:	NASHVILLE, TN 37203 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JAMES R HOLLIS O 03/24/2009

Electronic Signature of Signing Officer or Director — Date