

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003324

FILED
Feb 13, 2012
Secretary of State

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
Name: LIEBERMAN, JONATHAN
Address: 1035 NE 125 STREET, SUITE 300
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: D
Name: BUBB, DAN
Address: 616 INDUSTRIAL AVE
City-St-Zip: HOOD RIVER, OR 97031

Title: D
Name: HAYMAN, GREG
Address: 601 N. DEER PARK DRIVE EAST
City-St-Zip: LELAND, MS 38756

Title: D
Name: MAYFIELD, BOB
Address: 1295A HWY 51 BY-PASS NORTH
City-St-Zip: DYERSBURG, TN 38024 US

Title: D
Name: TOMES, PAUL
Address: 5050 POPLAR AVE, SUITE 170
City-St-Zip: MEMPHIS, TN 38157 US

Title: D
Name: RINCOM, GABRIEL
Address: PO BOX 86659
City-St-Zip: BATON ROUGE, LA 70879 US

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: JAMES R HOLLIS

ED

02/13/2012

Electronic Signature of Signing Officer or Director

Date