

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000023864

FILED
Feb 24, 2009
Secretary of State**Entity Name:** DIVERSE COMPUTING, INC.**Current Principal Place of Business:**2957 CAPITAL PARK DRIVE
SUITE 10
TALLAHASSEE, FL 32301**New Principal Place of Business:**1110 CAPITAL CIRCLE NE
SUITE G
TALLAHASSEE, FL 32301**Current Mailing Address:**2957 CAPITAL PARK DRIVE
SUITE 10
TALLAHASSEE, FL 32301**New Mailing Address:**1110 CAPITAL CIRCLE NE
SUITE G
TALLAHASSEE, FL 32301**FEI Number:** 59-3705160**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PUN, ANTHONY F
2957 CAPITAL PARK DRIVE
SUITE 10
TALLAHASSEE, FL 32301 US**Name and Address of New Registered Agent:**PUN, ANTHONY F
1110 CAPITAL CIRCLE NE
SUITE G
TALLAHASSEE, FL 32301 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:

02/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PUN, ANTHONY F
Address: 3733 LONGFELLOW ROAD
City-St-Zip: TALLAHASSEE, FL 32311

Title: S () Delete
Name: PERCY, DANIEL G
Address: 1721 RIVERBIRCH HOLLOW
City-St-Zip: TALLAHASSEE, FL 32308

Title: V () Delete
Name: PERCY, DANIEL G
Address: 1721 RIVERBIRCH HOLLOW
City-St-Zip: TALLAHASSEE, FL 32308

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:

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

SIGNATURE: ANTHONY PUN

P

02/24/2009

Electronic Signature of Signing Officer or Director

Date