

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90114 020 \*\*\*150.00

**DOCUMENT # P03000142909**

1. Entity Name  
**PMSI, INC.**



Principal Place of Business  
**1300 MORRIS DRIVE  
CHESTERBROOK, PA 19087**

Mailing Address  
**1300 MORRIS DRIVE  
CHESTERBROOK, PA 19087**

2. Principal Place of Business  
**1300 Morris Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**1300 Morris Drive**  
Suite, Apt. #, etc.

City & State  
**Chesterbrook PA**  
Zip **19087** Country **USA**

City & State  
**Chesterbrook PA**  
Zip **19087** Country **USA**

03222006 Chg-P CR2E034 (11/05)

4. FEI Number  
**56-2422696**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **DSVP** ☐ Delete  
NAME **SHIELDS, WILLIAM G**  
STREET ADDRESS **1300 MORRIS DRIVE**  
CITY-ST-ZIP **CHESTERBROOK, PA 19087**

TITLE **CFO** ☐ Delete  
NAME **WEIDNER, DAVID A**  
STREET ADDRESS **1300 MORRIS DRIVE**  
CITY-ST-ZIP **CHESTERBROOK, FL 19087**

TITLE **VPAS** ☐ Delete  
NAME **GREENHALL, RICHARD M**  
STREET ADDRESS **1300 MORRIS DRIVE**  
CITY-ST-ZIP **CHESTERBROOK, PA 19087**

TITLE **SVPS** ☒ Delete  
NAME **SPRAGUE, WILLIAM D**  
STREET ADDRESS **1300 MORRIS DR**  
CITY-ST-ZIP **CHESTERBROOK, PA 190875594**

TITLE **AS** ☐ Delete  
NAME **HIRST, DANIEL T**  
STREET ADDRESS **1300 MORRIS DR**  
CITY-ST-ZIP **CHESTERBROOK, PA 190875594**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP and Secretary** ☐ Change ☒ Addition  
NAME **John Chou**  
STREET ADDRESS **1300 Morris Drive**  
CITY-ST-ZIP **Chesterbrook PA 19087**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/11/2006 606 727-7000**