2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2010
Secretary of State

DOCUMENT# P04000019545

Entity Name: LOSS TECHNOLOGY SERVICES, INC.

Current Principal Place of Business:

9570 REGENCY SQUARE BLVD.
SUITE 400
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

9570 REGENCY SQUARE BLVD., SUITE 410
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 76-0752672 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSS, ADAM J
50 NORTH LAURA STREET
SUITE 2600
JACKSONVILLE, FL 32202 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: NELSON, EDWIN T
Address: 9570 REGENCY SQUARE BLVD., SUITE 410
City-St-Zip: JACKSONVILLE, FL 32225

Title: CEO
Name: UHLAND, CHRISTOPHER H
Address: 9570 REGENCY SQUARE BLVD., SUITE 410
City-St-Zip: JACKSONVILLE, FL 32225

Title: D
Name: NELSON, EDWIN T
Address: 9570 REGENCY SQUARE BLVD, SUITE 410
City-St-Zip: JACKSONVILLE, FL 32225

Title: D
Name: UHLAND, CHRISTOPHER H
Address: 9570 REGENCY SQUARE BLVD, SUITE 410
City-St-Zip: JACKSONVILLE, FL 32225

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

SIGNATURE: EDWIN T NELSON P 04/21/2010

Electronic Signature of Signing Officer or Director — Date