2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000072686

9471 REND CITY RD.

BENTON, IL 62812

Address: City-St-Zip: FILED Mar 27, 2009 Secretary of State

Entity Nar	ne: PIVOTAL	DESIGNS INC.					
Current Principal Place of Business:				New Principal Place of Business:			
7777 SEMINOLE BLVD 2ND FLR SEMINOLE, FL 33772				7985 SEMINOLE BLVD SUITE 330 SEMINOLE, FL 33772			
Current Mailing Address:				New Mailing Address:			
7777 SEMINOLE BLVD 2ND FLR SEMINOLE, FL 33772				7985 SEMINOLE BLVD SUITE 330 SEMINOLE, FL 33772			
FEI Number:	86-1105200	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status I	Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
GABLE, WILLIAM D 7777 SEMINOLE BLVD. 2ND FLOOR SEMINOLE, FL 33772 US				GABLE, WILLIAM D 7985 SEMINOLE BLVD SUITE 330 SEMINOLE, FL 33772 US			
The above in the State		submits this statement for the	e purpose o	f changing it	s registere	d office or registered a	gent, or both,
SIGNATURE:				03/27/2009			
Electronic Signature of Registered Agent				Date			
Election Can	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PRES () ZSIDO, JOSEP 9471 REND CI [*] BENTON, IL 62	ΓY RD.		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	PROCACCINÌ, Î	E BLVD. 2ND FLOOR		Title: Name: Address: City-St-Zip:		(X) Change () Addition NI, MICHAEL NOLE BLVD SUITE 330 , FL 33772	
Title: Name:	SEC () ZSIDO, ELIZAE	Delete BETH S		Title: Name:		() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JOSEPH W ZSIDO **PRES** 03/27/2009