## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2005 8:00 am Secretary of State

DOCUMENT # P04000162951  1. Entity Name COMMUNICATION SOLUTIONS GROUP, INC.				04-04-2005 90046 013 ***150.00	
Principal Place of Business	-				
225 SHERIDAN DR. 5225 SHERIDAN DR. WILLIAMSVILLE, NY 14221					
2. Principal Place of Business   Blvd   3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.				03162005 Chg-P CR2E034 (10/03)	
City & State	ity & State  AINOS (17, F) City & State			4. FEI Number Applied For Not Applied For Not Applicable	٠
Zip 33844 Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current I	Registered Agent			7. Name and Address of New Registered Agent	
CT CORPORTION SYSTEM			е —		
1200 S. PINE ISLAND RD. PLANTATION, FL 33324		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 r	egistered offic	e or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept	
the obligations of registered agent.	1/ A-A-	11/	. /	TV41 212125	
SIGNATURE Signature Apoel or printed name of registered agents	Active if applicable. (NOTE:	NICH Registered Agent s	gnature require	J. VeRIALINA 3/3) (05) ad when reinstaling) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.   9 Election Campaign Financing Added to Fees					
10. OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	☐ Delete	TITLE NAME	P/D	· · · · · · · · · · · · · · · · ·	. 1
STREET ADDRESS CITY-ST-ZIP	SSS SI		<sup>ss</sup>   <del>522</del>	tholas J. Vertalino 122 King Anthony (15 Sheridan Drive )  1 Sheridan Drive  1 Hamsville NY 142210 Getzville NY 140	
TITLE	☐ Delete	TITLE	T/S	/D Change Toddition	
NAME STREET ADDRESS		NAME STREET ADDRE	Ane	tte Vertalino  5 Sheridan Drive 122 King Anthony	UAS
CITY-SI-ZIP		CITY-ST-ZIP	Wil	11ams v111e A1 - 14221 - 60120118 10 / 740	68
ппе	☐ Delete	TITLE		D/AT Change Addition	
NAME STREET ADORESS CITY-ST-ZIP	. منت	NAME STREET ADORE CITY-ST-ZIP	ss 522	ole J. Aasen 3243 Ulysses St NE S Sheridan Drive - MINNEAPONS Liamsville NY 142212 MN 55418	
TITLE	☐ Delete	TITLE	D	Change Staddition	_
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRE CITY-ST-ZIP	ss   52	hony J. Vertalino 1341 42nd Ave ME 25 Shoridan Drive a Columbia Height Tiamaville NY 142212 MN 53421	ts
TITLE	☐ Delete	TITLE	Wil	1iamsville NY	
NAME	•	NAME		·	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRE	55		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS		NAME STREET ADDRE	ss		
CITY-ST-ZIP		CITY-ST-ZIP		•	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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: Nichalas Volume Nicholas J. Vertaino 716-276-4866  SIGNATURE AND TYPEO PAI PRINTED MANE OF SIGNANG OFFICER OR DIRECTOR  Daylore Prome #					

NECHOLAS VERTALINO