

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04284

FILED
Apr 30, 2009
Secretary of State

Entity Name: DATAMAX CORPORATION

Current Principal Place of Business:

4501 PARKWAY COMMERCE BLVD
ORLANDO, FL 32808 US

New Principal Place of Business:

Current Mailing Address:

4501 PKWY COMMERCE BLVD
ORLANDO, FL 32808 US

New Mailing Address:

FEI Number: 59-2447125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: COO () Delete
Name: BJERKESTRAND, MARK
Address: 4501 PARKWAY COMMERCE BLVD
City-St-Zip: ORLANDO, FL 32808 US

Title: PD () Delete
Name: KERBAGE, OMAR
Address: 4501 PARKWAY COMMERCE BLVD
City-St-Zip: ORLANDO, FL 32808 US

Title: SD () Delete
Name: CALLAHAN, THOMAS H
Address: 20 TRAFALGAR SQUARE, SUITE 612
City-St-Zip: NASHUA, NH 03063

Title: ASAT () Delete
Name: DEMONICO, JOHN P
Address: 20 TRAFALGAR SQUARE, SUITE 612
City-St-Zip: NASHUA, NH 03063

Title: D () Delete
Name: LIVINGSTON, ROBERT A
Address: 20 TRAFALGAR SQUARE, SUITE 612
City-St-Zip: NASHUA, NH 03063

Title: VTAS () Delete
Name: WILLIAMS, CARTER
Address: 4501 PARKWAY COMMERCE BLVD
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COO (X) Change () Addition
Name: LEFORT, CHRISTIAN
Address: 4501 PARKWAY COMMERCE BLVD
City-St-Zip: ORLANDO, FL 32808 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: DEMONICO, JOHN P
Address: 20 TRAFALGAR SQUARE, SUITE 612
City-St-Zip: NASHUA, NH 03063

Title: D (X) Change () Addition
Name: HOGUND, RAY
Address: 20 TRAFALGAR SQUARE, SUITE 612
City-St-Zip: NASHUA, NH 03063

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: CARTER WILLIAMS

VTAS

04/30/2009

Electronic Signature of Signing Officer or Director

Date