

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000015955

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**Entity Name:** ASYMMETRIC SOLUTIONS INC.

**Current Principal Place of Business:**

5384 DEER CREEK DRIVE  
ORLANDO, FL 32821 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5652  
WAKEFIELD, RI 02880 US

**New Mailing Address:**

**FEI Number:** 20-2257378

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEFFEN, PATRICIA  
5390 DEER CREEK DRIVE  
ORLANDO, FL 32821 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** GLANTZ, KENNETH  
**Address:** PO BOX 5652  
**City-St-Zip:** WAKEFIELD, RI 02880 US

**Title:** VP  
**Name:** GLANTZ, LYNN  
**Address:** PO BOX 5652  
**City-St-Zip:** WAKEFIELD, RI 02880 US

**Title:** S  
**Name:** GLANTZ, LYNN  
**Address:** PO BOX 5652  
**City-St-Zip:** WAKEFIELD, RI 02880 US

**Title:** T  
**Name:** GLANTZ, LYNN  
**Address:** PO BOX 5652  
**City-St-Zip:** WAKEFIELD, RI 02880 US

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:** KENNETH M GLANTZ

PRES

03/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date