

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000055327

Entity Name: ASYST CORPORATION

FILED  
Jun 19, 2009  
Secretary of State

## Current Principal Place of Business:

950 S. WINTER PARK DRIVE SUITE 207  
CASSELBERRY, FL 32707

## New Principal Place of Business:

1181 WHITESELL DR  
WINTER PARK, FL 32789

## Current Mailing Address:

950 S. WINTER PARK DRIVE SUITE 207  
CASSELBERRY, FL 32707

## New Mailing Address:

PO BOX 2119  
GOLDENROD, FL 32733

FEI Number: 20-4876936

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GURNEE, ROBERT  
1181 WHITESELL DRIVE  
WINTER PARK, FL 32789 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: GURNEE, ROB  
Address: 950 S. WINTER PARK DRIVE SUITE 207  
City-St-Zip: CASSELBERRY, FL 32707

Title: DVP ( ) Delete  
Name: ARNEBERG, MARIANNE  
Address: 950 S. WINTER PARK DRIVE SUITE 207  
City-St-Zip: CASSELBERRY, FL 32707

Title: ST (X) Delete  
Name: BELLINGAR, ANGI  
Address: 950 S. WINTER PARK DRIVE SUITE 207  
City-St-Zip: CASSELBERRY, FL 32707

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: GURNEE, ROB  
Address: 1181 WHITESELL DR  
City-St-Zip: WINTER PARK, FL 32789

Title: VP (X) Change ( ) Addition  
Name: ARNEBERG, MARIANNE  
Address: 1181 WHITESELL DR  
City-St-Zip: WINTER PARK, FL 32733

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: ANGI BELLINGAR

OPS

06/19/2009

Electronic Signature of Signing Officer or Director

Date