

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P10000021953

FILED
Jul 14, 2011
Secretary of State

Entity Name: DIAGNOSYS (CUSTOMER SUPPORT) INC.

Current Principal Place of Business:

808 NORTH HOAGLAND BOULEVARD
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

808 NORTH HOAGLAND BOULEVARD
KISSIMMEE, FL 34741 US

New Mailing Address:

FEI Number: 01-0960197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBB, TIMOTHY C
808 NORTH HOAGLAND BOULEVARD
KISSIMMEE, FL 34741 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: DIR
Name: SMITH, ROBERT L
Address: SYSTEMS HOUSE, BEDFORD ROAD, HAMPSHIRE
City-St-Zip: PETERSFIELD, GU32 3QH, UK

Title: PRES
Name: WEBB, TIM
Address: 808 NORTH HOAGLAND BOULEVARD
City-St-Zip: KISSIMMEE, FL 34741 US

Title: DIR
Name: MUSSON, GLENN
Address: SYSTEMS HOUSE, BEDFORD ROAD, HAMPSHIRE
City-St-Zip: PETERSFIELD, GU32 3QH, UK

Title: DIR
Name: LUCIANI, BERNARD
Address: 238 LITTLETON ROAD
City-St-Zip: WESTFORD, MA 01886 US

Title: TRES
Name: LUCIANI, BERNARD
Address: 238 LITTLETON ROAD
City-St-Zip: WESTFORD, MA 01886 US

Title: DIR
Name: QUARANTA, CHRIS
Address: 238 LITTLETON ROAD
City-St-Zip: WESTFORD, MA 01886 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: TIM WEBB

PRES

07/14/2011

Electronic Signature of Signing Officer or Director

Date