

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23797

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: SECURITIES SERVICE NETWORK, INC.

## Current Principal Place of Business:

10207 TECHNOLOGY DR  
STE 1  
KNOXVILLE, TN 37932 US

## New Principal Place of Business:

## Current Mailing Address:

10207 TECHNOLOGY DR  
STE 1  
KNOXVILLE, TN 37932 US

## New Mailing Address:

FEI Number: 62-1152936

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SUTTON, W.E.  
1601 W. PLATT STREET  
TAMPA, FL 33606 US

## Name and Address of New Registered Agent:

SUTTON, W.E.  
3708 WEST SWANN AVE.  
SUITE 102  
TAMPA, FL 33609 US

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:

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: COFFEY, DAVID L  
Address: 122 COLDWELL DR  
City-St-Zip: OAK RIDGE, TN

Title: V ( ) Delete  
Name: NEUBECK, MICHAEL E  
Address: 9908 DANSONS LANE  
City-St-Zip: KNOXVILLE, TN 37923

Title: PTD ( ) Delete  
Name: WILKINSON, WADE S  
Address: 1566 STAFFWOOD RD  
City-St-Zip: KNOXVILLE, TN 37922

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: WADE S WILKINSON

PTD

03/24/2009

Electronic Signature of Signing Officer or Director

Date