2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000027564

Entity Name: ISS, INC.

Address:

City-St-Zip:

730 5TH AVE 5TH FLOOR

NEW YORK, NY 10019

FILED Jan 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1000 SOUTH PINE ISLAND ROAD, #800 PLANTATION, FL 33324 **Current Mailing Address: New Mailing Address:** 1000 SOUTH PINE ISLAND ROAD, #800 #800 PLANTATION, FL 33324 FEI Number: 65-0483536 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ALLISON, JOHN Name: Name: 1000 S. PINE ISLAND RD., #800 Address: Address: City-St-Zip: PLANTATION, FL 33324 US City-St-Zip: () Delete Title: **VPAS** Title: () Change () Addition Name: KARAWAN, HOWARD Name: 1000 S. PINE ISLAND RD., #800 Address: Address: PLANTATION, FL 33324 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition MURTHA, WILLIAM C Name: Name: 2106 NEWROAD, C7 Address: Address: City-St-Zip: LINWOOD, NJ 08221 City-St-Zip: Title: DVP () Delete Title: () Change () Addition LEVINE, RICHARD M Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: JOHN ALLISON DP 01/09/2007