2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000032172

Entity Name: VALUE FINANCIAL SERVICES, INC.

FILED Feb 09, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
1063 MAITLAND CENTER COMMONS BLVD. SUITE 200 MAITLAND, FL 32751				1901 CAPITAL PARKWAY LEGAL DEPARTMENT AUSTIN, TX 78746				
Current Mailing Address:				New Mailing Address:				
1901 CAPITAL PKWY. AUSTIN, TX 78746				1901 CAPITAL PARKWAY AUSTIN, TX 78746				
FEI Number: 65-0503587 FEI Num		FEI Number Applied For()	FEI Nun	nber Not Appl	licable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
1200 SOU PLANTATI The above	PORATION SY TH PINE ISLA ION, FL 33324 named entity of Florida.	ND ROAD	purpose o	of changing i	ts registered	office or registered agent	t, or both,	
SIGNATUI	RE:							
Electronic Signature of Registered Agent					Date			
Election Car	mpaign Financin	g Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	THEDFORD, Jo	D CTR. COMMONS BLVD., STE. 20	00	Title: Name: Address: City-St-Zip:	PRES (ROTUNDA, JO 1901 CAPITA AUSTIN, TX	L PARKWAY		
Title: Name: Address: City-St-Zip:	WHITCOMB, W	D CTR. COMMONS BLVD., STE.20	0	Title: Name: Address: City-St-Zip:	SRVP (TONISSEN, D 1901 CAPITA AUSTIN, TX	L PARKWAY		

City-St-Zip:

() Delete

Title: () Delete

Address: City-St-Zip:

Title:

Name:

Name:

Address:

AUSTIN, TX 78746 Title: () Change (X) Addition

KONDIK, CONNIE L

1901 CAPITAL PARKWAY

() Change (X) Addition

CHISM, DANIEL M Name: 1901 CAPITAL PARKWAY Address: AUSTIN, TX 78746 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CONNIE KONDIK VΡ 02/09/2009