

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000066532

Entity Name: STATE SERVICE CORPORATION

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

4030 POWERLINE RD
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

4030 POWERLINE RD
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-0536870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPPMAN, STEVEN N
401 E. LAS OLAS BLVD
SUITE 650
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

LIPPMAN, STEVEN N
401 E. LAS OLAS BLVD
SUITE 1650
FORT LAUDERDALE, FL 33301 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:

01/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LIPPMAN, JACK
Address: 4030 POWERLINE RD
City-St-Zip: FT LAUDERDALE, FL 33309

Title: D () Delete
Name: LIPPMAN, EVELYN
Address: 4030 POWERLINE RD
City-St-Zip: FT LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JACK LIPPMAN

P

01/06/2009

Electronic Signature of Signing Officer or Director

Date