

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000017886

FILED  
Mar 22, 2005  
Secretary of State

Entity Name: THE SOLUTION SET INC.

## Current Principal Place of Business:

1024 FL COMMERCE PWAY  
LONGWOOD, FL 32750

## New Principal Place of Business:

## Current Mailing Address:

3333 BEVERLY RD  
768 TAX B2 107B  
HOFFMAN ESTATES, IL 60179

## New Mailing Address:

3333 BEVERLY RD  
768 TAX, B2-130B  
HOFFMAN ESTATES, IL 60179

FEI Number: 59-3320422

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEENBEKE, JOSEPH J  
1378 SHADY KNOLL CT  
LONGWOOD, FL 32750 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VT ( ) Delete  
Name: STEENBEKE, JOSEPH J  
Address: 1024 FLORIDA COMMERCE PWY  
City-St-Zip: LONGWOOD, FL 32750

Title: PD ( ) Delete  
Name: GOOD, MARK  
Address: 1024 FLORIDA COMMERCE PWY  
City-St-Zip: LONGWOOD, FL 32250

Title: S ( ) Delete  
Name: SHAY, PAUL  
Address: 3333 BEVERLY ROAD  
City-St-Zip: HOFFMAN ESTATES, IL 60179

Title: AS (X) Delete  
Name: MENGES, CHRISTINE  
Address: 3333 BEVERLY ROAD  
City-St-Zip: HOFFMAN ESTATES, IL 60179

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition  
Name: STEENBEKE, JOSEPH J  
Address: 3333 BEVERLY ROAD  
City-St-Zip: HOFFMAN ESTATES, IL 60179

Title: PD (X) Change ( ) Addition  
Name: GOOD, MARK  
Address: 3333 BEVERLY ROAD  
City-St-Zip: HOFFMAN ESTATES, IL 60179

Title: AS (X) Change ( ) Addition  
Name: MENGES, CHRISTINE  
Address: 3333 BEVERLY ROAD  
City-St-Zip: HOFFMAN ESTATES, IL 60179

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHRISTINE MENGES

AS

03/22/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date