

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 05, 2008 8:00 am
Secretary of State**

05-05-2008 90263 036 ***150.00

DOCUMENT # P96000091814

1. Entity Name
TECHNOLOGY SERVICE PARTNERS, INC.



Principal Place of Business
4651 SALISBURY RD
STE 155
JACKSONVILLE, FL 32256 US

Mailing Address
P.O. BOX 550827
JACKSONVILLE, FL 32255-0827 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
2100 E. Grand Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
El Segundo, CA

Zip

Zip
90245

Country

4. FEI Number
59-3417161

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ST
NAME WILLIAMS, CASEY
STREET ADDRESS 2931 SANDY BRANCH LANE
CITY-ST-ZIP JACKSONVILLE, FL 32257

Delete

TITLE P
NAME Rajendra Vattikuti
STREET ADDRESS 32605 West 12 Miles Road
CITY-ST-ZIP Farmington Hills, MI 48334

Delete

TITLE T
NAME Thomas R. Irvin
STREET ADDRESS 3170 Fairview Park Drive
CITY-ST-ZIP Falls Church, VA 22042

Delete

TITLE AT
NAME Bryan Brady
STREET ADDRESS 2100 East Grand Avenue
CITY-ST-ZIP El Segundo, CA 90245

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bryan Brady* Bryan Brady
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/08

310.615.0311

Daytime Phone #