2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 13, 2009
Secretary of State

DOCUMENT# P98000017266

Entity Name: PEGASUS TSI, INC.

Current Principal Place of Business:

2002 NORTH LOIS AVE.
SUITE 300
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2002 NORTH LOIS AVE.
SUITE 300
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3496332 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: IBADULLA, KARL M
Address: 2002 N LOIS AVE STE 300
City-St-Zip: TAMPA, FL 33607

Title: T/D (X) Delete
Name: THOMPSON, MARK A
Address: 2002 N LOIS AVE STE 300
City-St-Zip: TAMPA, FL 33607

Title: VP/D ( ) Delete
Name: PYRON, RONALD
Address: 2002 N LOIS AVE STE 300
City-St-Zip: TAMPA, FL 33607

Title: S/D ( ) Delete
Name: SINGLETON, STUART G
Address: 2002 N LOIS AVE STE 300
City-St-Zip: TAMPA, FL 33607

Title: VP ( ) Delete
Name: TARTE, TERRY A
Address: 22002 N LOIS AVE STE 300
City-St-Zip: TAMPA, FL 33607

Title: DIR (X) Delete
Name: KIMPEL, STEVE
Address: 2002 N. LOIS AVENUE STE 300
City-St-Zip: TAMPA, FL 33607 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TS/D (X) Change ( ) Addition
Name: SINGLETON, STUART G
Address: 2002 N LOIS AVE STE 300
City-St-Zip: TAMPA, FL 33607

Title: VP (X) Change ( ) Addition
Name: BELLE, WILLIAM D
Address: 22002 N LOIS AVE STE 300
City-St-Zip: TAMPA, FL 33607

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: STUART G. SINGLETON TS/D 07/13/2009

Electronic Signature of Signing Officer or Director — Date