

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000041636

FILED
Apr 25, 2007
Secretary of State

Entity Name: FRONTIER SYSTEMS SERVICES, INC.

Current Principal Place of Business:

4460 GOLF RIDGE DR
ELKTON, FL 32033

New Principal Place of Business:

Current Mailing Address:

4460 GOLF RIDGE DR
ELKTON, FL 32033

New Mailing Address:

FEI Number: 59-3501132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, JON
513 ROBLES LANE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

ANDERSON, JON
4460 GOLF RIDGE DRIVE
ELKTON, FL 32033 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:

04/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: ANDERSON, JON
Address: 4460 GOLF RIDGE DR
City-St-Zip: ELKTON, FL 32033

Title: VP () Delete
Name: HERRON, KATE
Address: 1509 WOODVALE DR
City-St-Zip: MADISON, WI 53716

Title: S () Delete
Name: ANDERSON, EMILY
Address: 1115 GAMMON LANE UNIT 1
City-St-Zip: MADISON, WI 53719

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: HERRON, KATE
Address: 743 N. THOMPSON DRIVE, APT 202
City-St-Zip: MADISON, WI 53704

Title: S (X) Change () Addition
Name: ANDERSON, EMILY
Address: 1211 S. EADS STREET, UNIT 303
City-St-Zip: ARLINGTON, VA 22202

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: JON ANDERSON

PT

04/25/2007

Electronic Signature of Signing Officer or Director

Date