

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000068545

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** LANGUAGE SERVICES INTERNATIONAL CORPORATION

**Current Principal Place of Business:**

4600 TOUCHTON RD  
BLDG 100 SUITE 150  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

4600 TOUCHTON RD  
BLDG 100 SUITE 150  
JACKSONVILLE, FL 32246

**New Mailing Address:**

4600 TOUCHTON RD  
SUITE 1150  
JACKSONVILLE, FL 32246

**FEI Number:** 59-3593369

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONDAXIS, MARIA  
8601 BCH BLVD STE 1401  
JACKSONVILLE, FL 32216 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: PTD ( ) Delete  
Name: CONDAXIS, MARIA  
Address: 8601 BEACH BLVD UNIT 1401  
City-St-Zip: JACKSONVILLE, FL 32216

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:** MARIA CONDAXIS

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04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date