

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L57055

Entity Name: SYMMETRIC REVENUE SOLUTIONS, INC.**Current Principal Place of Business:**4350 FOWLER ST.
SUITE 15
FORT MYERS, FL 33901**Current Mailing Address:**4075 COPPER RIDGE DRIVE
TRAVERSE CITY, MI 49684**FEI Number:** 38-2922782**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name BURNHEIMER, MARK A
Address 4110 COPPER RIDGE DRIVE, SUITE 204
City-State-Zip: TRAVERSE CITY MI 49684

Title DIRECTOR, CEO, TREASURER
Name HOWELL, RANDY N
Address 4075 COPPER RIDGE DRIVE
City-State-Zip: TRAVERSE CITY MI 49684

Title DIRECTOR, VP
Name KING, DERIK K
Address 4075 COPPER RIDGE DRIVE
City-State-Zip: TRAVERSE CITY MI 49684

Title OFFICER
Name HERNANDEZ, ELIZABETH
Address 4350 FOWLER ST. SUITE 15
City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR, OFFICER
Name THOMPSON, DAVID A
Address 4075 COPPER RIDGE DRIVE
City-State-Zip: TRAVERSE CITY MI 49684

Title DIRECTOR
Name FRALEY, JOHN R
Address 4075 COPPER RIDGE DRIVE
City-State-Zip: TRAVERSE CITY MI 49684

Title DIRECTOR
Name RICHTER, CHRISTOPHER J
Address 4075 COPPER RIDGE DRIVE
City-State-Zip: TRAVERSE CITY MI 49684

Title PRESIDENT
Name KOTWAL, ASHWINI A
Address 4350 FOWLER ST. SUITE 15
City-State-Zip: FORT MYERS FL 33901

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I hereby 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 all other like empowered.

SIGNATURE: MARK A. BURNHEIMER

SECRETARY

04/14/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	OFFICER
Name	VAN HORN, JOSEPH T
Address	4110 COPPER RIDGE DRIVE SUITE 204
City-State-Zip:	TRAVERSE CITY MI 49684