2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2015
Secretary of State
CC8187695406

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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 04/16/2015

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