

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000114575

Entity Name: VOLOGY, INC.**Current Principal Place of Business:**4027 TAMPA ROAD
SUITE 3900
OLDSMAR, FL 34677**Current Mailing Address:**4035 TAMPA RD.
OLDSMAR, FL 34677 US**FEI Number: 59-3760415****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARRIS, DANIEL A
3937 TAMPA ROAD
SUITE 2
OLDSMAR, FL 34677 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	CFO
Name	TORRES, STEVE
Address	4027 TAMPA ROAD SUITE 3900
City-State-Zip:	OLDSMAR FL 34677

Title	CEO
Name	SHEVLIN, BARRY L
Address	4027 TAMPA ROAD SUITE 3900
City-State-Zip:	OLDSMAR FL 34677

Title	BRD
Name	HILLS, MATT
Address	265 FRANKLIN STREET
City-State-Zip:	BOSTON MA 02110

Title	BRD
Name	DAVIDSON, JIM
Address	1111 BRICKELL AVE., SUITE 1300
City-State-Zip:	MIAMI FL 33131

Title	BRD
Name	STAFFORD, JOHN
Address	4027 TAMPA ROAD SUITE 3900
City-State-Zip:	OLDSMAR FL 34677

Title	BRD
Name	WALSH, JOHN
Address	4027 TAMPA ROAD SUITE 3900
City-State-Zip:	OLDSMAR FL 34677

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: STEVE TORRES**CFO****01/23/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date