2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002617

Entity Name: P/S PARTNER SOLUTIONS, LTD. INC.

FILED Feb 07, 2019 Secretary of State 4181710901CC

Date

Current Principal Place of Business:

C/O VOLT, 50 CHARLES LINDBERGH BOULEVARD

SUITE 206

UNIONDALE, NY 11553

Current Mailing Address:

C/O VOLT, 50 CHARLES LINDBERGH BOULEVARD

SUITE 206

UNIONDALE, NY 11553 US

FEI Number: 26-0133574 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH 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:

Officer/Director Detail:

Title PRESIDENT Title TREASURER, VP
Name PERNEAU, LINDA Name HANNON, KEVIN

Address C/O VOLT, 50 CHARLES LINDBERGH Address C/O VOLT, 50 CHARLES LINDBERGH

BOULEVARD BOULEVARD SUITE 206 SUITE 206

City-State-Zip: UNIONDALE NY 11553 City-State-Zip: UNIONDALE NY 11553

Title DIRECTOR, VP, CFO Title VP

Name TOMKINS, PAUL Name HOWELL, DIANE

Address C/O VOLT, 50 CHARLES LINDBERGH Address C/O VOLT, 50 CHARLES LINDBERGH

BOULEVARD BOULEVARD SUITE 206 SUITE 206

City-State-Zip: UNIONDALE NY 11553 City-State-Zip: UNIONDALE NY 11553

Title DIRECTOR, SECRETARY Title CORPORATE COMPLIANCE OFFICER/NON-EXECUTIVE

Name AVEDISSIAN, NANCY

Name FEDER, IRA J

Address C/O VOLT, 50 CHARLES LINDBERGH
BOULEVARD Address 50 CHARLES LINDBERGH

BOULEVARD Address 50 CHARLES LIND SUITE 206 BOULEVARD

UNIONDALE NY 11553

SUITE 206

SUITE 206

City-State-Zip: UNIONDALE NY 11553

City-State-Zip: UNIONDALE NY 11553

Title VP, CHEIF ACCOUNTING OFFICER

Name NAUJOKAS, LEONARD

Address C/O VOLT, 50 CHARLES LINDBERGH

BOULEVARD SUITE 206

City-State-Zip: UNIONDALE NY 11553

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: IRA J. FEDER CORPORATE 02/07/2019
COMPLIANCE OFFICER