

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000002617

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

**Current Principal Place of Business:**

C/O VOLT, 2401 N GLASSELL STREET  
ORANGE, CA 92865

**Current Mailing Address:**

C/O VOLT, 2401 N GLASSELL STREET  
ORANGE, CA 92865 US

**FEI Number:** 26-0133574

**Certificate of Status Desired:** No

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PERNEAU, LINDA  
Address        C/O VOLT, 2401 N GLASSELL STREET  
  
City-State-Zip: ORANGE CA 92865

Title            DIRECTOR, VP, CFO  
Name            MUELLER, HERB  
Address        C/O VOLT, 2401 N GLASSELL STREET  
  
City-State-Zip: ORANGE CA 92865

Title            VP  
Name            HOWELL, DIANE  
Address        C/O VOLT, 50 CHARLES LINDBERGH  
                 BOULEVARD  
                 SUITE 206  
  
City-State-Zip: UNIONDALE NY 11553

Title            DIRECTOR, SECRETARY  
Name            AVEDISSIAN, NANCY  
Address        C/O VOLT, 2401 N GLASSELL STREET  
  
City-State-Zip: ORANGE CA 92865

Title            VP, CHEIF ACCOUNTING OFFICER  
Name            NAUJOKAS, LEONARD  
Address        C/O VOLT, 2401 N GLASSELL STREET  
  
City-State-Zip: ORANGE CA 92865

*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:** NANCY AVEDISSIAN

**SECRETARY**

**04/11/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date