

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000055

FILED
Apr 21, 2009
Secretary of State

Entity Name: DATAVANTAGE CORPORATION

Current Principal Place of Business:

30500 BRUCE INDUSTRIAL PARKWAY
SOLON, OH 44139

New Principal Place of Business:

Current Mailing Address:

30500 BRUCE INDUSTRIAL PARKWAY
SOLON, OH 44139

New Mailing Address:

FEI Number: 34-1594365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES INC
2731 EXECUTIVE PARK DRIVE, STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCOO () Delete
Name: NAPOLI, CHARLES
Address: 30500 BRICE INDUSTRIAL PARKWAY
City-St-Zip: SOLON, OH 44139

Title: VF () Delete
Name: WITHERINGTON, JAMES P
Address: 30500 BRICE INDUSTRIAL PARKWAY
City-St-Zip: SOLON, OH 44139

Title: EV () Delete
Name: GULARSON, JOHN
Address: 7031 COLUMBIA GATEWAY DRIVE
City-St-Zip: COLUMBIA, MD 21046

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KENDA KLINE

_____ Electronic Signature of Signing Officer or Director

ACCT

04/21/2009

_____ Date