## 2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003698

Entity Name: VITALIZE CONSULTING SOLUTIONS, INC.

**Current Principal Place of Business:** 

248 MAIN STREET SUITE 101

READING, MA 01867

**Current Mailing Address:** 

248 MAIN STREET SUITE 101

READING, MA 01867 US

FEI Number: 46-0477095 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM C/O 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:

Address

Title

City-State-Zip:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT/DIRECTOR Title **EXECUTIVE VICE** 

PRESIDENT/DIRECTOR

**FILED** Apr 16, 2013

**Secretary of State** 

CC7218596832

Name COMBER, STEPHEN J CRAVER, JOSEPH W. III Name

1710 SAIC DRIVE 1710 SAIC DRIVE Address T2-3-2

MS T1-13-2

City-State-Zip: MCLEAN VA 22102 City-State-Zip: MCLEAN VA 22102

Title **DIRECTOR** 

Title **DIRECTOR** Name KURTZ, KEVIN MICHAEL

Name PASQUA, MICHAEL P. Address 10260 CAMPUS POINT DRIVE

Address 301 LABORATORY ROAD MS D-4

P.O. BOX 2501 SAN DIEGO CA 92121

City-State-Zip: City-State-Zip: OAK RIDGE TN 37831

Title **CFO** 

Title SENIOR VICE PRESIDENT Name MOUNT, KARLA

Name CERULLO, BRUCE A. Address 248 MAIN STREET, SUITE 101

Address 248 MAIN STREET City-State-Zip:

**READING MA 01867** SUITE 101

**READING MA 01867** City-State-Zip: SENIOR VICE PRESIDENT

SENIOR VICE PRESIDENT Name HAZARD, FREDERICK R. Title

MCGEE, PATRICK J. Name Address 10140 CAMPUS POINT DRIVE

MAIL STOP H-4

Address 1710 SAIC DRIVE SAN DIEGO CA 92121 MS 2-3-2

> City-State-Zip: MCLEAN VA 22102

## Continues on page 2

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.

ASSISTANT SECRETARY 04/16/2013 SIGNATURE: CLEMENT VINCENT QUELLA III

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

ASSISTANT SECRETARY Title Title ASSISTANT SECRETARY

Name LEVIN, ROBERT L. Name QUELLA, CLEMENT VINCENT III

10260 CAMPUS POINT DRIVE 8301 GREENSBORO DRIVE Address Address

MS D7S

City-State-Zip: MCLEAN VA 22102 City-State-Zip: SAN DIEGO CA 92121

Title TREASURY ACCOUNTS OFFICER Title TREASURY ACCOUNTS OFFICER

Name FISHER, STEVEN P. Name CROWN, MARC H.

10260 CAMPUS POINT DRIVE Address Address 8301 GREENSBORO DRIVE

MS A-3

City-State-Zip: SAN DIEGO CA 92121 City-State-Zip: MCLEAN VA 22102