

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004342

FILED
Jul 11, 2007
Secretary of State

Entity Name: CUSTOMIZED SUPPORT SERVICES, INC.

Current Principal Place of Business:

1111 DEMING WAY
MADISON, WI 53717

New Principal Place of Business:

319 YARD DRIVE
VERONA, WI 53593

Current Mailing Address:

1111 DEMING WAY
MADISON, WI 53717

New Mailing Address:

319 YARD DRIVE
VERONA, WI 53593

FEI Number: 39-1848745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: MCGETTIGAN, PATRICK
Address: 1111 DEMING WAY
City-St-Zip: MADISON, WI 53717

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: MCGETTIGAN, PATRICK
Address: 319 YARD DRIVE
City-St-Zip: VERONA, WI 53593

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: PATRICK J. MCGETTIGAN

PRES

07/11/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date