

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002211

FILED
Mar 11, 2011
Secretary of State

Entity Name: TECHSERVE ALLIANCE SERVICES CORP.

Current Principal Place of Business:

1420 KING ST., STE. 610
ALEXANDRIA, VA 22314

New Principal Place of Business:

Current Mailing Address:

1420 KING ST., STE. 610
ALEXANDRIA, VA 22314

New Mailing Address:

FEI Number: 20-1201414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: TREA
Name: BARBIE, BARTA
Address: 1420 KING ST., STE. 610
City-St-Zip: ALEXANDRIA, VA 22314

Title: P
Name: WILSON, KAREN
Address: 1420 KING ST., STE. 610
City-St-Zip: ALEXANDRIA, VA 22314

Title: SEC
Name: NUNN, TOM
Address: 1420 KING ST., STE. 610
City-St-Zip: ALEXANDRIA, VA 22314

Title: AS
Name: ROBERTS, MARK
Address: 1420 KING ST., STE. 610
City-St-Zip: ALEXANDRIA, VA 22314

Title: VP
Name: SUSAN, THADEN
Address: 1420 KING ST., STE. 610
City-St-Zip: ALEXANDRIA, VA 22314

Title: CEO
Name: ROBERTS, MARK
Address: 1420 KING STREET, STE 610
City-St-Zip: ALEXANDRIA, VA 22314

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: MARK B. ROBERTS

CEO

03/11/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date