

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004777

FILED  
Apr 24, 2012  
Secretary of State

Entity Name: DATA SYSTEMS ANALYSTS, INC.

**Current Principal Place of Business:**

8 NESHAMINY INTREPLEX, SUITE 209  
TREVOSE, PA 19053

**New Principal Place of Business:**

8 NESHAMINY INTERPLEX, SUITE 209  
TREVOSE, PA 19053

**Current Mailing Address:**

8 NESHAMINY INTREPLEX, SUITE 209  
TREVOSE, PA 19053

**New Mailing Address:**

8 NESHAMINY INTERPLEX, SUITE 209  
TREVOSE, PA 19053

FEI Number: 22-1728863

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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: PD  
Name: PIERCE, FRAN  
Address: 8 NESHAMINY INTERPLEX, SUITE 209  
City-St-Zip: TREVOSE, PA 19053

Title: DVP  
Name: SALOMON, ROGER  
Address: 8 NESHAMINY INTERPLEX, SUITE 209  
City-St-Zip: TREVOSE, PA 19053

Title: SEC  
Name: ARMS, POWELL  
Address: 8 NESHAMINY INTERPLEX, SUITE 209  
City-St-Zip: TREVOSE, PA 19053

Title: CFO  
Name: FOLEY, JOLM  
Address: 8 NESHAMINY INTERPLEX, SUITE 209  
City-St-Zip: TREVOSE, PA 19053

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: POWELL ARMS

SEC

04/24/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date