

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000106570

Entity Name: INTEGRATIONWERKS, INC.

FILED  
Sep 07, 2011  
Secretary of State

**Current Principal Place of Business:**

7616 SAVANNAH ST #T3  
FALLS CHURCH, VA 22043 US

**New Principal Place of Business:**

**Current Mailing Address:**

7616 SAVANNAH ST #T3  
#T3  
FALLS CHURCH, VA 22043 US

**New Mailing Address:**

FEI Number: 20-1387512      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MOSER, ROBERT E  
3657 JIMS CT  
GREEN COVE SPRINGS, FL 32043 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: P  
Name: MOSER, RAYMOND E  
Address: 7616 SAVANNAH ST #T3  
City-St-Zip: FALLS CHURCH, VA 22043 US

Title: V  
Name: MOSER, MADE S  
Address: 7616 SAVANNAH ST #T3  
City-St-Zip: FALLS CHURCH, VA 22043 US

Title: T  
Name: MOSER, RAYMOND E  
Address: 7616 SAVANNAH ST #T3  
City-St-Zip: FALLS CHURCH, VA 22043 US

Title: S  
Name: MOSER, MADE S  
Address: 7616 SAVANNAH ST #T3  
City-St-Zip: FALLS CHURCH, VA 22043 US

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: RAYMOND E MOSER

P

09/07/2011

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

\_\_\_\_\_ Date