

2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 07, 2005
Secretary of State**

DOCUMENT# V10309

Entity Name: SOUTHSIRE, INC.

Current Principal Place of Business:

ONE MONROEVILLE CENTER
SUITE 900
MONROEVILLE, PA 15146 US

New Principal Place of Business:

Current Mailing Address:

ONE MONROEVILLE CENTER
SUITE 900
MONROEVILLE, PA 15146 US

New Mailing Address:

FEI Number: 65-0319656 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HCRM CORP.
2200 CORPORATE BLVD NW
SUITE 401
BOCA RATON, FL 33431 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DVORSKY, MICHAEL M.,
Address: ONE MONROEVILLE CENTER, SUITE 900
City-St-Zip: MONROEVILLE, PA 15146

Title: S () Delete
Name: SIMPSON, DEBORAH A
Address: ONE MONROEVILLE CENTER, STE 900
City-St-Zip: MONROEVILLE, PA 15146

Title: VAST () Delete
Name: RINGHAM, WILLIAM O
Address: ONE MONROEVILLE CENTER, SUITE 900
City-St-Zip: MONROEVILLE, PA 15146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL DVORSKY

PRES

03/07/2005

Electronic Signature of Signing Officer or Director

Date