

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V10309

FILED  
Apr 07, 2010  
Secretary of State

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  
Name: RINGHAM, JONATHAN R PRES  
Address: ONE MONROEVILLE CENTER, SUITE 900  
City-St-Zip: MONROEVILLE, PA 15146

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

Title: V  
Name: DVORSKY, MICHAEL M VP  
Address: ONE MONROEVILLE CENTER, SUITE 900  
City-St-Zip: MONROEVILLE, PA 15146

Title: VT  
Name: RINGHAM, REBECCA R VPTREAS  
Address: ONE MONROEVILLE CENTER STE 900  
City-St-Zip: MONROEVILLE, PA 15146 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: DEBORAH A SIMPSON

ADMI

04/07/2010

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

\_\_\_\_\_ Date