

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V10309

**Entity Name:** SOUTHSIRE, INC.

**Current Principal Place of Business:**

1500 EAGLE RIDGE DRIVE  
MONROEVILLE, PA 15146

**Current Mailing Address:**

1500 EAGLE RIDGE DRIVE  
MONROEVILLE, PA 15146 US

**FEI Number:** 65-0319656

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

Title P  
Name RINGHAM, JONATHAN RPRES  
Address 1500 EAGLE RIDGE DRIVE  
City-State-Zip: MONROEVILLE PA 15146

Title S  
Name SIMPSON, DEBORAH A  
Address 1500 EAGLE RIDGE DRIVE  
City-State-Zip: MONROEVILLE PA 15146

Title V  
Name DVORSKY, MICHAEL MVP  
Address 1500 EAGLE RIDGE DRIVE  
City-State-Zip: MONROEVILLE PA 15146

Title VT  
Name RINGHAM, REBECCA RVPTREAS  
Address 1500 EAGLE RIDGE DRIVE  
City-State-Zip: MONROEVILLE PA 15146

*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 SIMPSON

**CORP SECRETARY**

**04/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date