

1.) CORPORATION NAME:

DUE DATE: **2/28/2013**

Odyssey One Source, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1616525**

**NATIONAL REGISTERED AGENTS, INC.
4001 NORTH NINTH STREET SUITE 227
ARLINGTON, VA 22203**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 111 West Jefferson St

CITY/ST/ZIP: Orlando, FL 32801

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: STEPHEN (STEVE) BLACK TITLE: VP/TREAS ADDRESS: 204 N ECTOR DRIVE CITY/ST/ZIP/CO: EULESS, TX 76039</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARK LOWREY TITLE: VICE PRESIDENT ADDRESS: 111 W Jefferson St CITY/ST/ZIP/CO: Orlando, FL 32801</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MIGUEL A. MASEDA TITLE: SR VP ADDRESS: 111 West Jefferson St CITY/ST/ZIP/CO: Orlando, FL 32801</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CARL HERBERT KLEIMANN TITLE: CEO ADDRESS: 204 N ECTOR CITY/ST/ZIP/CO: EULESS, TX 76039</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MARK LOWREY	MARK LOWREY, VICE PRESIDENT	1/9/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.