

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213525048

1.) CORPORATION NAME:

**PONTOON SOLUTIONS, INC.**

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **F1707589**

5.) STOCK INFORMATION

CLASS  AUTHORIZED

**GLENN ALLEN, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 175 BROAD HOLLOW ROAD  
BLDG. 200, STE. 400

CITY/ST/ZIP: MELVILLE, NY 11747

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.

NAME:	Michael Wachholz	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	10151 Deerwood Park Blvd.		
CITY/ST/ZIP/CO:	Bldg. 200, Suite 400 JACKSONVILLE, FL 32256		

NAME:	MICHAEL BEYGELMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRES, RPO		
ADDRESS:	175 BROAD HOLLOW ROAD		
CITY/ST/ZIP/CO:	MELVILLE, NY 11747		

NAME:	Diane Howell	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP-TAX		
ADDRESS:	175 BROAD HOLLOW RD		
CITY/ST/ZIP/CO:	MELVILLE, NY 11747		

NAME:	GREGORY HOLLAND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/SEC		
ADDRESS:	10151 DEERWOOD PARK BLVD.		
CITY/ST/ZIP/CO:	BLDG. 200, STE. 400 JACKSONVILLE, FL 32202		

NAME:	NICOLE BURTH TSCHUDI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	Sagereistrass 10		
CITY/ST/ZIP/CO:	Glattburgg, , CH		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIANA KARABELAS ASST SECRETARY 175 BROAD HOLLOW RD MELVILLE, NY 11747	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOMINIK DE DANIEL DIRECTOR SAGEREISTRASSE 10 GLATTBURGG, SWITZERLAND , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert P. Crouch DIRECTOR 10151 Deerwood Park Blvd. Bldg. 200, Suite 400 JACKSONVILLE, FL 32256	<input 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/ Diane Howell	Diane Howell, VP-TAX	5/29/2013	
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.			