

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214525429

1.) CORPORATION NAME:

PONTOON SOLUTIONS, INC.

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1707589**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10151 Deerwood Park Blvd.
BLDG. 200, STE. 400

CITY/ST/ZIP: Jacksonville, FL 32256

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.

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	MICHAEL WACHHOLZ				
TITLE:	PRESIDENT				
ADDRESS:	10151 DEERWOOD PARK BLVD. BLDG. 200, SUITE 400				
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32256				

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

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

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

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	NICOLE BURTH TSCHUDI				
TITLE:	CFO				
ADDRESS:	SAGEREISTRASS 10 GLATTBURGG, SWITZERLAND				
CITY/ST/ZIP/CO:	, , FN				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	DIANA KARABELAS				
TITLE:	ASST SECRETARY				
ADDRESS:	175 BROAD HOLLOW RD				
CITY/ST/ZIP/CO:	MELVILLE, NY 11747				

NAME:	ROBERT P. CROUCH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10151 DEERWOOD PARK BLVD.		
CITY/ST/ZIP/CO:	BLDG. 200, SUITE 400 JACKSONVILLE, FL 32256		

NAME:	DOMINIK DE DANIEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	SAGEREISTRASSE 10		
CITY/ST/ZIP/CO:	, , FN		

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.

<u>/s/ DIANE HOWELL</u>	<u>DIANE HOWELL, VP-TAX</u>	<u>5/15/2014</u>
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.