

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003652

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: IS - RUNOFF MANAGEMENT, INC.

## Current Principal Place of Business:

2 FARMINGDALE LANE  
NEWARK, DE 19711

## New Principal Place of Business:

## Current Mailing Address:

7901 4TH STREET NORTH  
SUITE 200  
ST. PETERSBURG, FL 33702

## New Mailing Address:

FEI Number: 20-4677827      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MCNALLY, JOSEPH W  
7901 4TH STREET NORTH  
SUITE 200  
ST. PETERSBURG, FL 33702 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: CP ( ) Delete  
Name: NEWTON, RICHARD M  
Address: 4 BEECHWOOD CIRCLE  
City-St-Zip: CHADD FORD, PA 19317

Title: CV ( ) Delete  
Name: MCNALLY, JOSEPH W  
Address: 830 PINELLAS BAYWAY SOUTH  
City-St-Zip: TIERRA VERDE, FL 33715

Title: TD ( ) Delete  
Name: BEALE, CHARLES L  
Address: 401 HARBOR PLAINS DRIVE #1201  
City-St-Zip: TAMPA, FL 33602

Title: S ( ) Delete  
Name: MCNALLY, BONNIE J  
Address: 830 PINELLAS BAYWAY SOUTH  
City-St-Zip: TIERRA VERDE, FL 33715

Title: O ( ) Delete  
Name: NEWTON, MARK J  
Address: 4 BEECHWOOD CIRCLE  
City-St-Zip: CHADDS FORD, PA 19317

Title: O ( ) Delete  
Name: NEWTON, JACLYN C  
Address: 4 BEECHWOOD CIRCLE  
City-St-Zip: CHADDS FORD, PA 19317

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BONNIE J MCNALLY

S

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date