2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2011
Secretary of State

DOCUMENT# N37304

Entity Name: FINANCIAL SERVICE CENTERS OF FLORIDA, INC.

Current Principal Place of Business:

335 BEARD STREET
TALLAHASSEE, FL 323036227 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 14629
TALLAHASSEE, FL 323174629 US

New Mailing Address:

FEI Number: 65-0180982 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKROB, ROBERT
335 BEARD STREET
TALLAHASSEE, FL 323036227 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

OFFICERS AND DIRECTORS:

Title: C
Name: DOYLE, JOSEPH M
Address: 899 NW 37TH AVE
City-St-Zip: MIAMI, FL 33125

Title: S
Name: FRANCO, CARL
Address: POST OFFICE BOX 492890
City-St-Zip: LAWRENCEVILLE, GA 30049

Title: T
Name: MACKECHNIE, IAN
Address: 600 NORTH WESTSHORE BLVD, STE 1200
City-St-Zip: TAMPA, FL 33609

Title: VC
Name: SEASE, BILL
Address: POST OFFICE BOX 266140
City-St-Zip: WESTON, FL 33326

Title: VP
Name: MACKECHNIE, FRASER
Address: 600 NORTH WESTSHORE BLVD, STE 1200
City-St-Zip: TAMPA, FL 33609

Title: VP
Name: NORRINGTON, ERIC
Address: 1231 GREENWAY DRIVE #800
City-St-Zip: IRVING, TX 75038

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH DOYLE C 03/08/2011

Electronic Signature of Signing Officer or Director — Date