

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000085899

FILED
Apr 30, 2009
Secretary of State

Entity Name: FILESAFE, INC.

Current Principal Place of Business:

600 NORTH ELLIS ROAD
JACKSONVILLE, FL 32254

New Principal Place of Business:

14500 HYATT ROAD
JACKSONVILLE, FL 32218

Current Mailing Address:

600 NORTH ELLIS ROAD
JACKSONVILLE, FL 32254

New Mailing Address:

14500 HYATT ROAD
JACKSONVILLE, FL 32218

FEI Number: 20-5557982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DALE, HOWARD L
200 WEST FORSYTH STREET
SUITE 1100
JACKSONVILLE, FL 322024308 US

Name and Address of New Registered Agent:

PATRICK, COLEMAN D
50 NORTH LAURA STREET
SUITE 1100
JACKSONVILLE, FL 32202 US

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: PATRICK D COLEMAN

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRIMES, THOMAS L
Address: 600 NORTH ELLIS ROAD
City-St-Zip: JACKSONVILLE, FL 32254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GRIMES, THOMAS L
Address: 14500 HYATT ROAD
City-St-Zip: JACKSONVILLE, FL 32202

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: THOMAS L GRIMES

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date