

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000008687

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: COLLATERAL EVALUATION ASSOCIATES, INC.

**Current Principal Place of Business:**

4457 HICKORY DRIVE  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

4457 HICKORY DRIVE  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

FEI Number: 65-0387356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FEINSINGER, FREDERICK  
4457 HICKORY DRIVE  
PALM BEACH GARDENS, FL 33418 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: D ( ) Delete  
Name: FEINSINGER, FREDERICK  
Address: 4457 HICKORY DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S ( ) Delete  
Name: FEINSINGER, MARGARET S  
Address: 4457 HICKORY DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: V ( ) Delete  
Name: FEINSINGER, GREGORY F  
Address: 172 BENT TREE DR  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: V ( ) Delete  
Name: ROBINETTE, R L  
Address: 6310 FARMINGDALE DR  
City-St-Zip: CHARLOTTE, NC 28212

**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:

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: FREDERICK FEINSINGER

MGR

01/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date