

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006641

Entity Name: TBS ADJUSTING, INC.

FILED  
Feb 02, 2009  
Secretary of State

**Current Principal Place of Business:**

800 ENERGY CENTRE  
1100 POYDRAS STREET  
NEW ORLEANS, LA 70163

**New Principal Place of Business:**

**Current Mailing Address:**

800 ENERGY CENTRE  
1100 POYDRAS STREET  
NEW ORLEANS, LA 70163

**New Mailing Address:**

FEI Number: 52-2099668

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM  
1200 PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CPT ( ) Delete  
Name: TILLMAN, R. BRUCE  
Address: 23 OLD KINGS HIGHWAY SOUTH  
City-St-Zip: DARIEN, CT 068204538

Title: VCVP ( ) Delete  
Name: FINKEL, IDALYN  
Address: 800 ENERGY CENTRE, 1100 POYDRAS STREET  
City-St-Zip: NEW ORLEANS, LA 70163

Title: DS ( ) Delete  
Name: GOUZY, GARY  
Address: 800 ENERGY CENTRE, 1100 POYDRAS STREET  
City-St-Zip: NEW ORLEANS, LA 70163

**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:

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: IDALYN FINKEL

VCVP

02/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date