2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# 852424

Entity Name: THE LOUIS BERGER GROUP, INC.

Current Principal Place of Business:

412 MOUNT KEMBLE AVE
MORRISTOWN, NJ 07960

New Principal Place of Business:

Current Mailing Address:

412 MOUNT KEMBLE AVE
MORRISTOWN, NJ 07960

New Mailing Address:

412 MOUNT KEMBLE AVE
PO BOX 1946
MORRISTOWN, NJ 07962

FEI Number: 22-1754524 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: WOLFF, DERISH M
Address: 412 MOUNT KEMBLE AVE.
City-St-Zip: MORRISTOWN, NJ 07960

Title: D ( ) Delete
Name: BERGER, FREDRIC S
Address: 2445 M STREET, NW
City-St-Zip: WASHINGTON, DC 20037

Title: PD ( ) Delete
Name: JICHLINSKI, MICHEL
Address: 2445 M STREET, NW
City-St-Zip: WASHINGTON, DC 20037

Title: T ( ) Delete
Name: PEPE, SALVATORE J
Address: 412 MOUNT KEMBLE AVE
City-St-Zip: MORRISTOWN, NJ 07960

Title: D ( ) Delete
Name: MASUCCI, NICHOLAS J
Address: 412 MOUNT KEMBLE AVE
City-St-Zip: MORRISTOWN, NJ 07960

Title: SD ( ) Delete
Name: JAMES, BACH G
Address: 412 MOUNT KEMBLE AVE
City-St-Zip: MORRISTOWN, NJ 07960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WALKER, LARRY D
Address: 2445 M STREET, NW
City-St-Zip: WASHINGTON, DC 20037

Title: CD (X) Change ( ) Addition
Name: BERGER, FREDRIC S
Address: 2445 M STREET, NW
City-St-Zip: WASHINGTON, DC 20037

Title: VD (X) Change ( ) Addition
Name: KORNELL, RONALD F
Address: 2445 M STREET, NW
City-St-Zip: WASHINGTON, DC 20037

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: SALVATORE J. PEPE T 03/10/2009
Electronic Signature of Signing Officer or Director Date