| 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: THOMAS L RANKIN

Electronic Signature of Signing Officer/Director Detail

| Officer/Director Detail : | | | | | |
|---------------------------|----------------------------|-----------------|----------------------|--|--|
| Title | VCD | Title | TD | | |
| Name | PERKINS, DAVE D | Name | RANKIN, THOMAS L | | |
| Address | 487 RIVER ROAD | Address | 5324 INTERBAY BLVD | | |
| City-State-Zip: | MANCHECTER CENTER VT 05255 | City-State-Zip: | TAMPA FL 33611 | | |
| | | | | | |
| Title | SD | Title | CD | | |
| Name | WOOD, C. MARTIN III MRS | Name | CORBETT, RICHARD MRS | | |
| Address | 676 LIVE OAK LANE | Address | 1043 GUISANDO DR | | |
| City-State-Zip: | MONTICELLO FL 32344 | City-State-Zip: | TAMPA FL 33616 | | |
| | | | | | |

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| | Electronic Signature of Registered Agent | | | | | | |
|---------------------------|--|-----------------|----------------------|--|--|--|--|
| Officer/Director Detail : | | | | | | | |
| Title | VCD | Title | TD | | | | |
| Name | PERKINS, DAVE D | Name | RANKIN, THOMAS L | | | | |
| Address | 487 RIVER ROAD | Address | 5324 INTERBAY BLVD | | | | |
| City-State-Zip: | MANCHECTER CENTER VT 05255 | City-State-Zip: | TAMPA FL 33611 | | | | |
| Title | SD | Title | CD | | | | |
| Name | WOOD, C. MARTIN III MRS | Name | CORBETT, RICHARD MRS | | | | |
| Address | 676 LIVE OAK LANE | Address | 1043 GUISANDO DR | | | | |
| | | | | | | | |

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.

Name and Address of Current Registered Agent:

PALMER, WILLIAM E.- PRESIDENT/CEO 13093 HENRY BEADEL DR. TALLAHASSEE, FL 32312 US

SIGNATURE: DR. WILLIAM E PALMER

Current Principal Place of Business: 13093 HENRY BEADEL DR TALLAHASSEE, FL 32312

Current Mailing Address:

13093 HENRY BEADEL DR TALLAHASSEE, FL 32312 US

FEI Number: 59-0952956

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT# 701003**

Entity Name: TALL TIMBERS RESEARCH, INC.

Apr 12, 2013 Secretary of State CC3840085494

04/12/2013

Date

FILED

Certificate of Status Desired: Yes

Date

04/12/2013

TD