

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000035955

Entity Name: SPILLCOP, INC.**Current Principal Place of Business:**13400 SUTTON PARK DRIVE S.
STE 1501
JACKSONVILLE, FL 32224**Current Mailing Address:**13400 SUTTON PARK DRIVE S.
STE 1501
JACKSONVILLE, FL 32224**FEI Number:** 01-0671963**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BALKE, BERNARD
13400 SUTTON PARK DRIVE S., STE 1501
JACKSONVILLE, FL 32224 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CP
Name	MARSH, GARY
Address	13400 SUTTON PARK DRIVE S., STE 1501
City-State-Zip:	JACKSONVILLE FL 32224

Title	CEO
Name	LONGHI, LARRY
Address	13400 SUTTON PARK DRIVE S., STE 1501
City-State-Zip:	JACKSONVILLE FL 32224

Title	COO
Name	BALKE, BEN
Address	13400 SUTTON PARK DRIVE S., STE 1501
City-State-Zip:	JACKSONVILLE FL 32224

Title	TCFO
Name	WHITE, DON
Address	13400 SUTTON PARK DRIVE S., STE 1501
City-State-Zip:	JACKSONVILLE FL 32224

Title	D
Name	COLEMAN, KYNERD
Address	13400 SUTTON PARK DRIVE S., STE 1501
City-State-Zip:	JACKSONVILLE FL 32224

Title	D
Name	BALKE, STEVE
Address	13400 SUTTON PARK DRIVE S., STE 1501
City-State-Zip:	JACKSONVILLE FL 32224

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONALD C. WHITE**TREASURER/CFO****04/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date