

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000057200

**Entity Name:** TWO NINE NORTH, INC.

**Current Principal Place of Business:**

1801 HERMITAGE BLVD., SUITE 100  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1801 HERMITAGE BLVD., SUITE 100  
TALLAHASSEE, FL 32308

**FEI Number:** 47-1335223

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 D  
Name SPOOK, STEPHEN A  
Address 1801 HERMITAGE BLVD., SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308

Title D  
Name TAYLOR, LAMAR  
Address 1801 HERMITAGE BLVD., SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308

Title D  
Name HAZEN, MAUREEN  
Address 1801 HERMITAGE BLVD., SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308

Title OFFICER  
Name GRAY, LYNNE  
Address 1801 HERMITAGE BLVD., SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308

Title OFFICER  
Name FARALDO, MARK P  
Address 8750 N CENTRAL EXPRESSWAY, #800  
City-State-Zip: DALLAS TX 75231

Title OFFICER  
Name BURLAK, DAVE  
Address 1801 HERMITAGE BLVD., SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308

*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:** MARK P FARALDO

**OFFICER**

**03/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date