

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 132442

FILED  
Jan 18, 2010  
Secretary of State

Entity Name: THE ST. JOE COMPANY

## Current Principal Place of Business:

245 RIVERSIDE AVENUE, SUITE 500  
JACKSONVILLE, FL 32202 US

## New Principal Place of Business:

245 RIVERSIDE AVENUE  
SUITE 500  
JACKSONVILLE, FL 32202 US

## Current Mailing Address:

245 RIVERSIDE AVENUE  
STE 500, ATTN LEGAL DEPT.  
JACKSONVILLE, FL 32202 US

## New Mailing Address:

FEI Number: 59-0432511      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARX, CHRISTINE  
245 RIVERSIDE AVENUE, SUITE 500  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

ALFORD, REECE B  
245 RIVERSIDE AVENUE  
SUITE 500  
JACKSONVILLE, FL 32202 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: REECE B. ALFORD

01/18/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO  
Name: GREENE, WM. BRITTON  
Address: 245 RIVERSIDE AVENUE, SUITE 500  
City-St-Zip: JACKSONVILLE, FL 32202

Title: CFO  
Name: MCCALMONT, WILLIAM S  
Address: 245 RIVERSIDE AVENUE SUITE 200  
City-St-Zip: JACKSONVILLE, FL 32202

Title: CAO  
Name: CONNOLLY, JANNA L  
Address: 245 RIVERSIDE AVENUE, SUITE 500  
City-St-Zip: JACKSONVILLE, FL 32202

Title: SVPS  
Name: ALFORD, REECE B  
Address: 245 RIVERSIDE AVENUE, SUITE 500  
City-St-Zip: JACKSONVILLE, FL 32202

Title: VPT  
Name: CHILDERS III, DAVID F  
Address: 245 RIVERSIDE AVENUE, SUITE 500  
City-St-Zip: JACKSONVILLE, FL 32202 US

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: REECE B. ALFORD

SVPS

01/18/2010

Electronic Signature of Signing Officer or Director

Date