

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 349153

FILED
Apr 18, 2011
Secretary of State

Entity Name: DEFERRED COMPENSATION CONSULTANTS, INC.

Current Principal Place of Business:

529 S. FLAGLEN DR.
APT 7R/E
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

P.O. BOX 330050
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

529 S. FLAGLEN DR.
APT 7E/F
WEST PALM BEACH, FL 33401 US

New Mailing Address:

529 S. FLAGLEN DR.
APT 7E/F
WEST PALM BEACH, FL 33401 US

FEI Number: 59-1266824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WECHSLER, L G
529 S. FLAGLIN DR.
APT 7 R/F
WEST PALM BEACH, FL 33401 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: LOUIS G. WECHSLER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: WECHSLER, LOUIS G
Address: 529 S. FLAGLER DR 7 E/F
City-St-Zip: WEST PALM BEACH, FL 33180

Title: VP
Name: WECHSLER, MICHAEL H
Address: 119 BARBARA AVE
City-St-Zip: SAN ANSELMO, CA 94960 US

Title: SEC
Name: WECHSLER, JEFFREY R
Address: 250 LEUCADENDRA DRIVE
City-St-Zip: CORAL GABLES, FL 33156 US

Title: TRES
Name: LEHRMAN, SUSAN
Address: 529 S. FLAGLER DR APT 7 R/F
City-St-Zip: WEST PALM BEACH, FL 33401 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: LOUIS G. WECHSLER

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04/18/2011

Electronic Signature of Signing Officer or Director

Date