2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# 416783

Entity Name: PCHR, INC.

Current Principal Place of Business:

EXECUTIVE OFFICE
1 CORPORATE DRIVE
PALM COAST, FL 32051

New Principal Place of Business:

Current Mailing Address:

C/O ITT CORPORATION
4 WEST RED OAK LANE
WHITE PLAINS, NY 10604

New Mailing Address:

C/O ITT CORPORATION
1133 WESTCHESTER AVENUE
WHITE PLAINS, NY 10604

FEI Number: 59-1878144 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WURST, CHARLES M
Address: 4 WEST RED OAK LANE
City-St-Zip: WHITE PLAINS, NY 10604

Title: AS ( ) Delete
Name: STOLAR, KATHLEEN
Address: 4 WEST RED OAK LANE
City-St-Zip: WHITE PLAINS, NY 10604

Title: AS ( ) Delete
Name: DOYLE, VALERIE M
Address: 4 WEST RED OAK LANE
City-St-Zip: WHITE PLAINS, NY 10604

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition
Name: JOHNSON, CRAIG E
Address: 1133 WESTCHESTER AVENUE
City-St-Zip: WHITE PLAINS, NY 10604

Title: D/S (X) Change ( ) Addition
Name: STOLAR, KATHLEEN
Address: 1133 WESTCHESTER AVENUE
City-St-Zip: WHITE PLAINS, NY 10604

Title: AS (X) Change ( ) Addition
Name: DOYLE, VALERIE M
Address: 1133 WESTCHESTER AVENUE
City-St-Zip: WHITE PLAINS, NY 10604

Title: AS ( ) Change (X) Addition
Name: TZORTZATOS, MARIA
Address: 1133 WESTCHESTER AVENUE
City-St-Zip: WHITE PLAINS, NY 10604

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARIA TZORTZATOS AS 04/22/2009

Electronic Signature of Signing Officer or Director — Date