

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 551792

FILED
Mar 31, 2011
Secretary of State

Entity Name: BEAVER STREET TOWER COMPANY

Current Principal Place of Business:

500 WATER STREET
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

500 WATER STREET
C-160
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-1872857 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD
#221E
PALM BEACH GARDENS, FL 33410 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

OFFICERS AND DIRECTORS:

Title: T
Name: ELIASSON, FREDRIK J
Address: 500 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: D
Name: BROWN, DAVID A
Address: 500 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: CS
Name: HITCHCOCK, PAUL R
Address: 500 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: D
Name: MILLS, PETER K
Address: 500 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: D
Name: WHEELER, MICHAEL J
Address: THREE COMMERCIAL PLACE
City-St-Zip: NORFOLK, VA 23510 US

Title: D
Name: BARTLE, ROBERT A
Address: THREE COMMERCIAL PLACE
City-St-Zip: NORFOLK, VA 23510 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: PAUL HITCHCOCK

CS

03/31/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date