

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 561979

FILED  
Oct 29, 2009  
Secretary of State

Entity Name: THE ANSPACH EFFORT, INC.

**Current Principal Place of Business:**

4500 RIVERSIDE DRIVE  
PALM BCH GARDENS, FL 33410 US

**New Principal Place of Business:**

**Current Mailing Address:**

4500 RIVERSIDE DRIVE  
PALM BEACH GARDENS, FL 334104309 US

**New Mailing Address:**

FEI Number: 59-1804024      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

BEERS, ELAINE K  
4500 RIVERSIDE DRIVE  
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: ELAINE K. BEERS

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: C      ( ) Delete  
Name: ANSPACH, WILLIAM E. JR  
Address: 4500 RIVERSIDE DRIVE  
City-St-Zip: PALM BCH GARDENS, FL 33410 US

Title: D      ( ) Delete  
Name: MCGARRITY, AMY A.  
Address: 4500 RIVERSIDE DRIVE  
City-St-Zip: PALM BCH GARDENS, FL 33410 US

Title: CEO      ( ) Delete  
Name: WACHTER, WILLIAM H.  
Address: 4500 RIVERSIDE DRIVE  
City-St-Zip: PALM BCH GARDENS, FL 33410 US

Title: D      ( ) Delete  
Name: ANSPACH, III, W. E.  
Address: 4500 RIVERSIDE DRIVE  
City-St-Zip: PALM BCH GARDENS, FL 33410 US

Title: VT      ( ) Delete  
Name: BEERS, ELAINE K.  
Address: 4500 RIVERSIDE DRIVE  
City-St-Zip: PALM BCH GARDENS, FL 33410 US

Title: P      ( ) Delete  
Name: MCGARRITY, CHARLES E.  
Address: 4500 RIVERSIDE DRIVE  
City-St-Zip: PALM BCH GARDENS, FL 33410 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ELAINE K. BEERS

Electronic Signature of Signing Officer or Director

V/T

10/29/2009

Date