

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 574550

FILED  
Feb 21, 2011  
Secretary of State

**Entity Name:** LAMPL/HERBERT CONSULTANTS, INC.

**Current Principal Place of Business:**

546 E. CALL STREET  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 10129  
TALLAHASSEE, FL 32302

**New Mailing Address:**

**FEI Number:** 59-1960341

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAMPL, LINDA L PH.D.  
546 E CALL ST  
TALLAHASSEE, FL 32301 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: PDA  
Name: LAMPL, LINDA L PH.D.  
Address: 546 E CALL ST  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VPD  
Name: HERBERT, THOMAS A PH.D.  
Address: 546 E CALL ST  
City-St-Zip: TALLAHASSEE, FL 32301

Title: DVP  
Name: BUTSCH, MARK J  
Address: 1163 OLD FORT DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: DVP  
Name: BULLOCK, MARTHA A  
Address: 6724 VISALIA PLACE  
City-St-Zip: TALLAHASSEE, FL 32317

Title: TD  
Name: BURTON, PATRICIA L  
Address: 1163 OLD FORT DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D  
Name: BULLOCK, JAMES M  
Address: 6724 VISALIA PLACE  
City-St-Zip: TALLAHASSEE, FL 32317

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: MARTHA A BULLOCK

DVP

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date