2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703428

FILED Feb 24, 2009 Secretary of State

Entity Name: IBEW SYSTEM COUNCIL U-4 DEATH BENEFIT FUND, INC. **New Principal Place of Business: Current Principal Place of Business:** 4110 MCCULLOUGH RD. MIMS, FL 32754 **Current Mailing Address: New Mailing Address:** 4110 MCCULLOUGH RD. MIMS, FL 32754 FEI Number: 59-0565475 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KUSTERER, FRED 4110 MCCULLOUGH RD. MIMS, FL 32754 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition KUSTERER, FRED KUSTERER, FRED Name: Name: Address: 4110 MCCULLOUGH RD. Address: 4110 MCCULLOUGH RD. City-St-Zip: MIMS, FL City-St-Zip: MIMS, FL 32754 Title: () Delete Title: () Change () Addition Name: FLYNN, STEVE 359 Name: Address: 8741 SW 188 ST. Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: () Delete Title: () Change () Addition STEPHENSON, T Name: Name: 2056 GOLDEN ARM RD Address: Address: City-St-Zip: DELTONA, FL 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED KUSTERER ST 02/24/2009