2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749834

FILED Jan 23, 2009 Secretary of State

Entity Name: TOWING AND RECOVERY ASSOCIATION OF AMERICA, INC.

2404 5105	rincipai Piace	of Business:	New Principal Place	New Principal Place of Business:	
2121 EISE SUITE 200	NHOWER AVE				
	, RIA, VA 22314	US			
Current M	lailing Address	s:	New Mailing Addres	ss:	
2121 EISE SUITE 200	NHOWER AVE				
	RIA, VA 22314	US			
FEI Number:	: 59-1942901	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
1200 SOU	PORATION SYS TH PINE ISLAN ION, FL 33324				
	named entity s of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF	RE:				
	Electroni	c Signature of Registered Age	ent	Date	
OFFICERS	S AND DIRECT	ORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name:	D () COOLEY, HARR	Delete	Title:	() Change () Addition	
City-St-Zip: Title: Name: Address: City-St-Zip:	2121 EISENHOV ALEXANDRIA, V. P () I BREWER, SAM 1030 W. JEFFEI BROOKSVILLE, V () I	VER AVE A 22314 US Delete RSON ST.	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	() Change () Addition () Change () Addition	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	2121 EISENHOV ALEXANDRIA, V. P () I BREWER, SAM 1030 W. JEFFEI BROOKSVILLE,	VER AVE A 22314 US Delete RSON ST. FL 32765 Delete	Address: City-St-Zip: Title: Name: Address: City-St-Zip:		
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	2121 EISENHOV ALEXANDRIA, V. P () I BREWER, SAM 1030 W. JEFFEI BROOKSVILLE, V () I GREGG, AL 214 FRONT ST BROOKINGS, SI	VER AVE A 22314 US Delete RSON ST. FL 32765 Delete D 57103 Delete BLVD	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		

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: HARRIET S. COOLEY DIR 01/23/2009