2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765823

FILED Jan 12, 2009 Secretary of State

Entity Name: ADVISORY COUNCIL ON UNDERWATER ARCHAEOLOGY, INC.

Current Principal Place of Business: New Principal Place of Business: 8550- I SCENIC HWY PENSACOLA, FL 32514 **Current Mailing Address: New Mailing Address:** 8550- I SCENIC HWY PENSACOLA, FL 32514 FEI Number: 75-3155017 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: SCOTT-IRETON, DELLA 8550- I SCENIC HWY PENSACOLA, FL 32514 US 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: (X) Change () Addition () Delete MARE-ANDRE, BERNIER MARE-ANDRE, BERNIER Name: Name: 1800 WALKLEY RD Address: 1800 WALKLEY RD Address: City-St-Zip: OTTAWA, K1A0M5 AU City-St-Zip: OTTAWA, CA K1A0M5 AU Title: () Delete Title: (X) Change () Addition RUSSELL, MATTHEW Name: RUSSELL, MATTHEW Name: Address: 2968 RODEO PARK DR. W Address: 2968 RODEO PARK DR. W City-St-Zip: SANTA FE, NM 87505 US City-St-Zip: SANTA FE, NM 87505 US Title: () Delete Title: () Change () Addition EVANS, AMANDA Name: Name: 36499 PERKINS RD Address: Address: City-St-Zip: PRAIRIEVILLE, LA 70769 US City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: SCOTT-IRETON, DELLA Name: 8550-I SCENIC HWY Address: Address: City-St-Zip: PENSACOLA, FL 32514 US City-St-Zip: Title: () Delete Title: () Change () Addition CASTRO, FELIPE V Name: Name: PO DRAWER HG Address: Address: COLLEGE STATION, TX 778415137 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition BALL, DAVID Name: Name: Address: 1201 ELMWOOD PARK BLVD. Address: NEW ORLEANS, LA 70123 City-St-Zip: 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: DELLA SCOTT-IRETON TD 01/12/2009