2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# 803762

Entity Name: THE AMERICAN AUTOMOBILE ASSOCIATION (INCORPORATED)

Current Principal Place of Business:

1000 AAA DRIVE
HEATHROW, FL 32746

New Principal Place of Business:

Current Mailing Address:

1000 AAA DRIVE
HEATHROW, FL 32746

New Mailing Address:

FEI Number: 53-0025420 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: P ( ) Delete
Name: DARBELNET, ROBERT
Address: 1000 AAA DRIVE
City-St-Zip: HEATHROW, FL 32746

Title: SRVP ( ) Delete
Name: RINNER, RICHARD D
Address: 1000 AAA DRIVE
City-St-Zip: HEATHROW, FL 32746

Title: AS ( ) Delete
Name: SCARFO, HENRY J.
Address: 1000 AAA DRIVE
City-St-Zip: HEATHROW, FL 32746

Title: VPT ( ) Delete
Name: SCHAFFER, JOHN G
Address: 1000 AAA DR
City-St-Zip: HEATHROW, FL 32746

Title: EVP ( ) Delete
Name: BROWN, MARK H
Address: 1000 AAA DRIVE
City-St-Zip: HEATHROW, FL 327465063

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: VP ( ) Change (X) Addition
Name: BOWER, DOUGLAS E
Address: 1000 AAA DRIVE
City-St-Zip: HEATHROW, FL 327465063

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: JOHN G. SCHAFFER VPT 04/24/2009

Electronic Signature of Signing Officer or Director — Date