2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# 818433

Entity Name: WILBUR SMITH ASSOCIATES, INC.

Current Principal Place of Business:

1301 GERVAIS STREET
SUITE 1600
COLUMBIA,, SC 29201 US

New Principal Place of Business:

Current Mailing Address:

1301 GERVAIS STREET, BOA TOWER
P.O. BOX 92
COLUMBIA,, SC 29202 US

New Mailing Address:

FEI Number: 57-0405950 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PRES	( ) Delete
Name:	WALKER, HOLLIS A PRES.	
Address:	P.O. BOX 92, BANK OF AMERICA TWR	
City-St-Zip:	COLUMBIA, SC 29202	
Title:	SEC	( ) Delete
Name:	LEAHY III, DANIEL F SEC.	
Address:	P.O. BOX 92, BANK OF AMERICA TWR	
City-St-Zip:	COLUMBIA, SC 29202	
Title:	TRES	( ) Delete
Name:	LEAHY III, DANIEL F TRES	
Address:	P.O. BOX 92	
City-St-Zip:	COLUMBIA, SC 29202	
Title:	CEO	( ) Delete
Name:	SMITH, MILLEDGE S COE	
Address:	P.O. BOX 92, BANK OF AMERICA TOWER	
City-St-Zip:	COLUMBIA, SC 29202 US	
Title:	VP	( ) Delete
Name:	LEWIS, JAMES E VP	
Address:	P.O. BOX 92, BANK OF AMERICA TOWER	
City-St-Zip:	COLUMBIA, SC 29202 US	
Title:	SRVP	( ) Delete
Name:	SHARE, ADRIAN B	
Address:	P.O. BOX 92, BANK OF AMERICA TOWER	
City-St-Zip:	COLUMBIA, SC 29202 US	

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:	( ) Change ( ) Addition
Name:	
Address:	
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL F. LEAHY III TREA 01/05/2009

Electronic Signature of Signing Officer or Director — Date