

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833461

Entity Name: CANNON FLORIDA, INC.

FILED
Jan 24, 2008
Secretary of State

Current Principal Place of Business:

2170 WHITEHAVEN ROAD
GRAND ISLAND, NY 14072 US

New Principal Place of Business:

Current Mailing Address:

2170 WHITEHAVEN ROAD
GRAND ISLAND, NY 14072 US

New Mailing Address:

FEI Number: 43-0188830

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LEMKE, ROLAND
Address: 1100 WILSON BLVD., SUITE 2900
City-St-Zip: ARLINGTON, VA 22209 US

Title: D () Delete
Name: FOWLER, THEODORE G DIRECTO
Address: 2170 WHITEHAVEN ROAD
City-St-Zip: GRAND ISLAND, NY 14072 US

Title: SD () Delete
Name: CARLSON, RICHARD E
Address: 30 WEST MONROE, SUITE 900
City-St-Zip: CHICAGO, IL 60603 US

Title: DT () Delete
Name: MILLER, GARY R
Address: 2170 WHITEHAVEN ROAD
City-St-Zip: GRAND ISLAND, NE US

Title: SC () Delete
Name: ALLAN M PINCHOFF,
Address: 2170 WHITEHAVEN ROAD
City-St-Zip: GRAND ISLAND, NE US

Title: P () Delete
Name: MENDELL, MARK R
Address: 100 CAMBRIDGE STREET, SUITE 1400
City-St-Zip: BOSTON, MA 02114 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Title: () Change () Addition
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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: ALLAN PINCHOFF

SC

01/24/2008

Electronic Signature of Signing Officer or Director

Date