

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841657

FILED
Jan 04, 2011
Secretary of State

Entity Name: HAZEN AND SAWYER, P.C.

Current Principal Place of Business:

4000 HOLLYWOOD BOULEVARD
SUITE 750N
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

4000 HOLLYWOOD BOULEVARD
SUITE 705N
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 13-2904652 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: VD
Name: DAVIS, PATRICK
Address: 921 SOUTHEAST 8TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VD
Name: BORS, GARY W.
Address: 2532 NORTHEAST 22ND AVENUE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: VP
Name: COWGILL, JAMES T.
Address: 2506 BARBARA DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: PD
Name: FAGAN, JAMES W..
Address: 498 7TH AVENUE, 11TH FLOOR
City-St-Zip: NEW YORK, NY 10018

Title: VDST
Name: DIFIIORE, ROBERT S.
Address: 729 BENNINGTON DRIVE
City-St-Zip: RALEIGH, NC 27615

Title: VD
Name: SMITH, ROBERT D
Address: 179 DEGRAW STREET
City-St-Zip: BROOKLYN, NY 11231

I hereby 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 all other like empowered.

SIGNATURE: PATRICK A. DAVIS, P.E.

VP

01/04/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date