2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 848688

Entity Name: DAVIS, MENDEL & REGENSTEIN, INC.

FILED Jun 24, 2009 Secretary of State

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Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
	R EDGE PAF	RKWAY			
SUITE 750 ATLANTA,	GA 30328	US			
Current M	ailing Addre	?ss:	New Mailing Address:		
2100 RIVER EDGE PARKWAY					
SUITE 750 ATLANTA,	GA 30328	US			
FEI Number:	58-1412594	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
	THAN E CH	AIRMA			
600 BIRD BAY DR. VENICE, FL 34292 US					
The above in the State		submits this statement for the p	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUF	RE:				
	Electro	onic Signature of Registered Ag	ent	Date	
		93(2)(b), F.S., the corporation did nong Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title:	,) Delete	Title:	() Change () Addition	
Name:		AN E CHAIRMA	Name:		
Address: City-St-Zip:	OSPRY, FL 3	L HAMMOCK CT.	Address: City-St-Zip:		
City-St-Zip.	OSPRI, FL 3	94229 03	City-St-Zip.		
Title:	PD () Delete	Title:	() Change () Addition	
Name:		I, J K PRESIDE	Name:		
Address:		EL POST ROAD	Address:		
City-St-Zip:	ATLANTA, GA	. 30327 US	City-St-Zip:		
Title:	SD () Delete	Title:	() Change () Addition	
Name:		NELLE W SECRETA	Name:	• •	
Address:		N WOODS CT.	Address:		
City-St-Zip:	MARIETTA, G	A 30068 US	City-St-Zip:		
Title:	MD () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JEANELLE FIELDS SD 06/24/2009

RAYMOND, GEOFFREY P DIRECTO

4201 LOS PALMAS WAY

SARASOTA, FL 34238 US

Name:

Address:

City-St-Zip: