

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850993

FILED
Apr 13, 2009
Secretary of State

Entity Name: FMI MANAGEMENT CONSULTANTS CORPORATION

Current Principal Place of Business:

5171 GLENWOOD AVE
RALEIGH, NC 27612

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 31108
RALEIGH, NC 27622 US

New Mailing Address:

FEI Number: 56-1223249 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIMPLAND, SCOTT
5301 W CYPRESS ST.
TAMPA, FL 33622 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: COC () Delete
Name: JACKSON, IRA J., III
Address: 5171 GLENWOOD AVE
City-St-Zip: RALEIGH, NC 27612

Title: S () Delete
Name: PROCTOR, DENISE L
Address: 5171 GLENWOOD AVE
City-St-Zip: RALEIGH, NC 27612

Title: P () Delete
Name: HARRIS, HENRY M
Address: 5171 GLENWOOD AVE
City-St-Zip: RALEIGH, NC 27612

Title: COC () Delete
Name: RICE, HUGH
Address: 90 MADISON
City-St-Zip: DENVER, CO

Title: COC () Delete
Name: ANDREWS, ROBERT F., III
Address: 5151 GLENWOOD AVE
City-St-Zip: RALEIGH, NC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COC (X) Change () Addition
Name: SMITHER, LEE
Address: 5171 GLENWOOD AVE
City-St-Zip: RALEIGH, NC 27612

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: COC (X) Change () Addition
Name: ANDREWS, ROBERT F., III
Address: 5171 GLENWOOD AVE
City-St-Zip: RALEIGH, NC

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: DENISE L. PROCTOR

S

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date