2012 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A02000001290

Entity Name: R.E.C. ASSET MANAGEMENT, LLP

FILED Feb 19, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

% ROBERT E. CLAYPOOLE 3211 OLD BARN COURT PONTE VEDRA BEACH, FL 32082

Current Mailing Address: New Mailing Address:

% ROBERT E. CLAYPOOLE 3211 OLD BARN COURT PONTE VEDRA BEACH, FL 32082

FEI Number: 22-3248153 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLAYPOOLE, ROBERT E 3211 OLD BARN COURT

PONTE VEDRA BEACH, FL 32082 US

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

GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY:

Document #:

Name: NINOS, PATRICIA C

 Address:
 1133 WYNNEWOOD DRIVE
 Address:

 City-St-Zip:
 NORTHAMPTON, PA 18067
 City-St-Zip:

Document #:

Name: CLAYPOOLE, N. CATHERINE

 Address:
 60 DREW ROAD
 Address:
 34 HURD ROAD

 City-St-Zip:
 BELMONT, MA 02478
 City-St-Zip:
 BELMONT, MA 02478

Document #:

Name: FARRELL, KIMBERLY A

 Address:
 3005 SEVIER ROAD
 Address:

 City-St-Zip:
 MARIETTA, NY 13110
 City-St-Zip:

Document #:

Name: CLAYPOOLE, CHRISTINE M

 Address:
 147 RICHDALE AVE
 Address:

 City-St-Zip:
 CAMBRIDGE, MA 02140
 City-St-Zip:

Document #:

Name: CLAYPOOLE, ROBERT E JR.

 Address:
 7 CHEMIN LOUIS CHIRPAZ
 Address:

 City-St-Zip:
 ECULLY, FR 69130 FR
 City-St-Zip:

Document #:

Name: CLAYPOOLE, MICHAEL N

 Address:
 700 DANIEL ELLIS DR., APT 9304
 Address:

 City-St-Zip:
 CHARLESTON, SC 29412
 City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: MICHAEL N CLAYPOOLE GP 02/19/2012