

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001645

FILED
Apr 10, 2009
Secretary of State

Entity Name: CLARK CONSULTING, INC,

Current Principal Place of Business:

2100 ROSS AVE.
STE 2200
DALLAS, TX 75201

New Principal Place of Business:

Current Mailing Address:

2100 ROSS AVE.
STE 2200
DALLAS, TX 75201

New Mailing Address:

FEI Number: 52-2103928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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: PCOB () Delete
Name: LANING, KURT
Address: 333 W. WAKER DR. STE 810
City-St-Zip: CHICAGO, IL 60606

Title: T () Delete
Name: MOSER, SHAWN
Address: 4333 EDGEWOOD ROAD NE
City-St-Zip: CEDAR RAPIDS, IA 52499

Title: S () Delete
Name: LINDER, SUSAN
Address: 2100 ROSS AVE, STE 2200
City-St-Zip: DALLAS, TX 75201

Title: VP () Delete
Name: BALLOU, KEVIN
Address: 702 RUSSELL AVE. STE 410
City-St-Zip: GAITHERSBURG, MD 20877

Title: VP () Delete
Name: TREIZ, JAMES R
Address: 4333 EDGEWOOD RD. NE
City-St-Zip: CEDAR RAPIDS, IA 52499

Title: AS () Delete
Name: EPP, KAREN J
Address: 4333 EDGEWOOD RD NE
City-St-Zip: CEDAR RAPIDS, IA 52499

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCOB (X) Change () Addition
Name: LANING, KURT
Address: 21473 N. PRESTWICK DR.
City-St-Zip: BARRINGTON, IL 60010

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: VP (X) Change () Addition
Name: TREFZ, JAMES R
Address: 4333 EDGEWOOD RD. NE
City-St-Zip: CEDAR RAPIDS, IA 52499

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: SUSAN LINDER

S

04/10/2009

Electronic Signature of Signing Officer or Director

Date