

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004294

FILED
Mar 06, 2009
Secretary of State

Entity Name: REMARKETING SOLUTIONS, INC.

Current Principal Place of Business:

6205 PEACHTREE DUNWOODY ROAD
ATLANTA, GA 30328

New Principal Place of Business:

Current Mailing Address:

6205 PEACHTREE DUNWOODY ROAD
ATTN: CORP TAX DEPT-12TH FLOOR
ATLANTA, GA 30328

New Mailing Address:

FEI Number: 58-2560617 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P/D () Delete
Name: EISNER, DEAN H
Address: 6205 PEACHTREE DUNWOODY ROAD
City-St-Zip: ATLANTA, GA 30328

Title: VP () Delete
Name: LANGHORNE, MICHAEL
Address: 6205 PEACHTREE DUNWOODY ROAD
City-St-Zip: ATLANTA, GA 30328

Title: T () Delete
Name: JACOBSON, RICHARD
Address: 6205 PEACHTREE DUNWOODY ROAD
City-St-Zip: ATLANTA, GA 30328

Title: VP () Delete
Name: BARNETT, PRESTON B
Address: 6205 PEACHTREE DUNWOODY ROAD
City-St-Zip: ATLANTA, GA 30328

Title: S/D () Delete
Name: MERDEK, ANDREW A
Address: 6205 PEACHTREE DUNWOODY ROAD
City-St-Zip: ATLANTA, GA 30328

Title: VP/D () Delete
Name: BROE, MICHAEL W
Address: 6205 PEACHTREE DUNWOODY AVENUE
City-St-Zip: ATLANTA, GA 30328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: FRIEDMAN, MARIA
Address: 6205 PEACHTREE DUNWOODY ROAD
City-St-Zip: ATLANTA, GA 30328

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARIA FRIEDMAN

VP

03/06/2009

Electronic Signature of Signing Officer or Director

_____ Date