

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004880

Entity Name: CEDARCRESTONE, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

1255 ALDERMAN DR.
ALPHARETTA, GA 30005

New Principal Place of Business:

1255 ALDERMAN DRIVE
ALPHARETTA, GA 30005

Current Mailing Address:

1255 ALDERMAN DR.
ALPHARETTA, GA 30005

New Mailing Address:

1255 ALDERMAN DRIVE
ALPHARETTA, GA 30005

FEI Number: 58-2548193

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: YONKERS, CAL PRES/DI
Address: 1255 ALDERMAN DRIVE
City-St-Zip: ALPHARETTA, GA 30005

Title: VP/D () Delete
Name: BOYER, NEIL VP/D
Address: 4 WHITE OAK CT
City-St-Zip: ALGONQUIN, IL 60102

Title: T () Delete
Name: FEES, BRIAN E SEC/TR
Address: 3695 SCHONNER RIDGE
City-St-Zip: ALPHARETTA, GA 30005

Title: S () Delete
Name: COGGINS, DALE
Address: 30 ROWES WHARF
City-St-Zip: BOSTON, MA 02110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: YONKER, CAL
Address: 1255 ALDERMAN DRIVE
City-St-Zip: ALPHARETTA, GA 30005

Title: COOD (X) Change () Addition
Name: BOYER, NEIL
Address: 1255 ALDERMAN DR
City-St-Zip: ALPHARETTA, GA 30005

Title: VT (X) Change () Addition
Name: FEES, BRIAN
Address: 1255 ALDERMAN DR
City-St-Zip: ALPHARETTA, GA 30005

Title: S (X) Change () Addition
Name: COGGINS, DALE
Address: 600 ATLANTIC AVE, FED RES PLAZA
City-St-Zip: BOSTON, MA 02110

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: BRIAN FEES

VT

04/29/2009

Electronic Signature of Signing Officer or Director

Date