2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# F00000004998

Entity Name: ASG GENERAL PARTNER, INC.

Current Principal Place of Business:

7801 NORTH CAPITAL OF TEXAS HWY
SUITE 300
AUSTIN, TX 78731

New Principal Place of Business:

Current Mailing Address:

7801 NORTH CAPITAL OF TEXAS HWY
SUITE 300
AUSTIN, TX 78731

New Mailing Address:

FEI Number: 76-0385312 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT 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:	M	( ) Delete
Name:	SANDERS, WILLIAM C JR	
Address:	1650 TYSINS BLVD STE 650	
City-St-Zip:	MC LEAN, VA 22102	
Title:	VS	( ) Delete
Name:	BROWNE, TERENCE	
Address:	7801 NORTH CAPITAL OF TEXAS HWY, SUITE 300	
City-St-Zip:	AUSTIN, TX 78731	
Title:	D	( ) Delete
Name:	ALAN, GILBERT	
Address:	TWO GREENWICH OFFICE PRK 1ST FL	
City-St-Zip:	GREENWICH, CT 06831	
Title:	PD	( ) Delete
Name:	DOBSON, SEAN	
Address:	1650 TYSONS BLVD STE 650	
City-St-Zip:	MC LEAN, VA 22102	
Title:	V	( ) Delete
Name:	GORMAN, STEVEN M	
Address:	7801 NORTH CAPITAL OF TEXAS HWY, SUITE 300	
City-St-Zip:	AUSTIN, TX 78731	
Title:	VS	( ) Delete
Name:	SULLIVAN, MICHAEL A	
Address:	7801 N CAPITAL OF TEXAS HWY STE 300	
City-St-Zip:	AUSTIN, TX 78731	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: KIMBERLEY SHEEHAN CONT 04/27/2009

Electronic Signature of Signing Officer or Director — Date