2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

DOCUMENT# F01000003531

Entity Name: CLIVE SAMUELS AND ASSOCIATES, INC.

Current Principal Place of Business:

1 INDEPENDENCE WAY
PRINCETON, NJ 08540

New Principal Place of Business:

Current Mailing Address:

1675 W CAMPBELL RD
P O BOX 669
SIDNEY, OH 453650669

New Mailing Address:

FEI Number: 22-2348780 **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

OFFICERS AND DIRECTORS:

Title: PRES
Name: ABRAMSON, ALAN B
Address: 1 INDEPENDENCE WAY
City-St-Zip: PRINCETON, NJ 08540

Title: VP
Name: DUNSON, MARK D
Address: 1640 AIRPORT RD STE 104
City-St-Zip: KENNESAW, GA 30144

Title: SEC
Name: SPERINO, JOHN A
Address: 1675 W CAMPBELL RD
City-St-Zip: SIDNEY, OH 45365

Title: TRE
Name: RABE, DAVID J
Address: 8000 W FLORISSANT AVE
City-St-Zip: ST LOUIS, MO 63136

Title: DIR
Name: DUNSON, MARK D
Address: 1640 AIRPORT RD STE 104
City-St-Zip: KENNESAW, GA 30144

Title: ASEC
Name: RIPISH, PAUL
Address: 1 INDEPENDENCE WAY
City-St-Zip: PRINCETON, NJ 08540

I hereby 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 all other like empowered.

SIGNATURE: RAY J WEBER, SR TAX ANALYST CPA 01/04/2011

Electronic Signature of Signing Officer or Director Date