2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006009

Entity Name: GANNETT FLEMING SUSTAINABLE VENTURES CORPORATION

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
207 SENATE AVENUE CAMP HILL, PA 17011				207 SENATE AVENUE CAMP HILL, PA 17011 US		
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX 67100 HARRISBURG, PA 171067100				P.O. BOX 67100 HARRISBURG, PA 171067100 US		
FEI Number: 2	25-1892776	FEI Number Applied For () FEI N	umber Not Appl	icable () C	ertificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
DOUGHERTY, JOHN V 10751 DEERWOOD PARK BLVD., STE.140 JACKSONVILLE, FL 32256 US 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:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address:	STOUT, WILLIAM 220 NORTH GATI CAMP HILL, PA	E DRIVE 17011 Delete DE AVE	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	STOUT, WILLIAM I 220 NORTH GATE CAMP HILL, PA 17	DRIVE 7011 US nange () Addition E AVE	
	V () E LOBASSO, THOM 11 ABERDREN D HUNTINGTON, N' VS () E JOHNSON, MARK	RIVE / 11743 ^{Delete}	Title: Name: Address: City-St-Zip: Title: Name:	LOBASSO, THOMA 11 ABERDREN DR HUNTINGTON, NY	IVE 11743 US nange()Addition	
Address: City-St-Zip:	440 FOSTER STI NORTH ANDOVE	REET	Address: City-St-Zip:	440 FOSTER STRI NORTH ANDOVER	EET	
Title: Name: Address: City-St-Zip:	ILE, RUBY L 29 NAUGLE ROA SHIPPENSBURG	, PA 17257	Title: Name: Address: City-St-Zip:	ILE, RUBY L 29 NAUGLE ROAD SHIPPENSBURG,	PA 17257 US	
Title: Name: Address: City-St-Zip:	()[elete	Title: Name: Address: City-St-Zip:	VSD () Ch JOHNSON, MARK 440 FOSTER STRI NORTH ANDOVER	EET	

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: WILLIAM M STOUT CPD 04/30/2008