

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000642

FILED
Feb 22, 2012
Secretary of State

Entity Name: TALLAHASSEE WINAIR CO.

Current Principal Place of Business:

870 BLOUNTSTOWN HIGHWAY, UNIT 5
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

C/O DAPSCO ATLANTA
1000 HURRICANE SHOALS RD C-100
LAWRENCEVILLE, GA 30043

New Mailing Address:

C/O WGS ATLANTA
1000 HURRICANE SHOALS RD C-100
LAWRENCEVILLE, GA 30043

FEI Number: 30-0035411

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

OFFICERS AND DIRECTORS:

Title: PD
Name: HARSANY, RICHARD D
Address: 870 BLOUNTSTOWN HWY., UNIT 5
City-St-Zip: TALLAHASSEE, FL 32304

Title: D
Name: SALSMAN, MONTE
Address: 3110 KETTERING BLVD.
City-St-Zip: DAYTON, OH 454391972

Title: ST
Name: MUEGEL, PHILLIP E
Address: 1000 HURRICANE SHOALS RD C-100
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: D
Name: BOHANNON, RON
Address: 3110 KETTERING BLVD.
City-St-Zip: DAYTON, OH 454391972

Title: D
Name: LARKIN, MIKE
Address: 1000 HURRICANE SHOALS RD C-100
City-St-Zip: LAWRENCEVILLE, GA 30043

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: ANITA LEFTY

AGT

02/22/2012

Electronic Signature of Signing Officer or Director

Date