2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003165

Title:

Name:

Address:

City-St-Zip:

COOD

JOHNSON, RALPH

22 MEADOW AVE.

() Delete

MONMOUTH BEACH, NJ 07750

FILED Apr 28, 2009 Secretary of State

Entity Name: MORRIS, JOHNSON & ASSOCIATES, INC.						
Current Principal Place of Business:			New Principal Place of Business:			
611 INDUSTRIAL WAY WEST EATONTOWN, NJ 07724						
Current Mailing Address:			New Mailing Address:			
611 INDUSTRIAL WAY WEST EATONTOWN, NJ 07724						
FEI Number:	FEI Number: 22-3773101 FEI Number Applied For () FEI N		l Number Not Appli	mber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
MORRIS, JOHN C JR. 21 GALLEON DRIVE VERO BEACH, FL 32963 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:						
		Signature of Registered Agent			Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEO () E BIRDSALL, HOW 120 ASHLEY AVE BRIELLE, NJ 08	≣ .	Title: Name: Address: City-St-Zip:	()C	hange () Addition	
Title: Name: Address: City-St-Zip:	EVP () E MORRIS, JOHN (720 LOVETT RD COLTS NECK, N.		Title: Name: Address: City-St-Zip:	CEO (X) Change () Addition MORRIS, JOHN C III 720 LOVETT RD COLTS NECK, NJ 07722		
Title: Name: Address: City-St-Zip:	EVP () Delete BRODERICK, CLAIRE 7 ROBIN ROAD RUMSON, NJ 07760		Title: Name: Address: City-St-Zip:	COO (X) Change () Addition BRODERICK, CLAIRE 7 ROBIN ROAD RUMSON, NJ 07760		
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	()C	hange()Addition	

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.

Title:

Name:

Address:

City-St-Zip:

PRES

JOHNSON, RALPH

22 MEADOW AVE.

MONMOUTH BEACH, NJ 07750

(X) Change () Addition

SIGNATURE: JENNIFER RAUBER FC 04/28/2009