

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000005664

FILED
Sep 29, 2009
Secretary of State

Entity Name: SNL DISTRIBUTION SERVICES CORPORATION

Current Principal Place of Business:

244 GOODWIN CREST DRIVE, SUITE 100
BIRMINGHAM, AL 35209

New Principal Place of Business:

Current Mailing Address:

244 GOODWIN CREST DRIVE, SUITE 100
BIRMINGHAM, AL 35209

New Mailing Address:

FEI Number: 62-1859555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGLETON, DONN M
6490 PARKLAND DR.
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

KEN, BACCHUS
6490 PARKLAND DR.
SARASOTA, FL 34243 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: KEN BACCHUS

09/29/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, JACK
Address: 244 GOODWIN CREST DRIVE, SUITE 100
City-St-Zip: BIRMINGHAM, AL 35209

Title: V () Delete
Name: MUGGRIDGE, S. CLAYTON
Address: 244 GOODWIN CREST DRIVE, SUITE 100
City-St-Zip: BIRMINGHAM, AL 35209

Title: VS () Delete
Name: MCBRIDE, CINDY
Address: 244 GOODWIN CREST DRIVE, SUITE 100
City-St-Zip: BIRMINGHAM, AL 35209

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:

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: CINDY MCBRIDE

VP

09/29/2009

Electronic Signature of Signing Officer or Director

Date