

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005664

FILED  
Apr 23, 2010  
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:**

KEN, BACCHUS  
6490 PARKLAND DR.  
SARASOTA, FL 34243 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

**Title:** VP  
**Name:** MCBRIDE, CINDY  
**Address:** 244 GOODWIN CREST DRIVE, SUITE 100  
**City-St-Zip:** BIRMINGHAM, AL 35209

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:** CINDY MCBRIDE

VP

04/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date