## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000000373

FILED Jan 06, 2009 Secretary of State

Entity Name: REMEMBRANCE AND RECONCILIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 300 S HYDE PARK AVE STE 150 TAMPA, FL 33606 **Current Mailing Address: New Mailing Address:** 300 S HYDE PARK AVE STE 150 TAMPA, FL 33606 FEI Number: 38-3430786 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARTMAN, JOHN J PH.D. 300 S HYDE PARK AVE STE 150 TAMPA, FL 33606 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **EDPT** () Change () Addition () Delete HARTMAN, JOHN J PH.D. Name: Name: Address: 300 S HYDE PARK AVE STE 150 Address: City-St-Zip: TAMPA, FL 33612 City-St-Zip: Title: () Delete Title: () Change () Addition Name: RADZILOWSKI, THADDEUS PH.D Name: Address: 3841 TALBOT Address: City-St-Zip: DETROIT, MI 482122808 City-St-Zip: Title: () Delete Title: () Change () Addition SZYMANSKI, MICHAEL Name: Name: 11903 JOSEPH CHAMPAU Address: Address: City-St-Zip: HAMTRAMCK, MI 48212 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: TRAISON, MICHAEL Name: 150 W. JEFFERSON STE. 2500 Address: Address: City-St-Zip: DETROIT, MI 482264415 City-St-Zip: Title: Title: () Delete () Change () Addition SEMMEL, DAVID R Name: Name: 350 W. HUBBARD STE. 350 Address: Address: City-St-Zip: CHICAGO, IL 60610 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN J. HARTMAN, PH.D. PRES 01/06/2009