## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000001015

Entity Name: SMITH SYSTEM DRIVER IMPROVEMENT INSTITUTE, INC.

FILED Jan 26, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2201 BROOKHOLLOW PLAZA DRIVE SUITE 200 ARLINGTON, TX 760067441 US						
Current Mailing Address:				New Mailing Address:		
2201 BROOKHOLLOW PLAZA DRIVE SUITE 200 ARLINGTON, TX 760067441 US						
FEI Number:	48-1303167	FEI Number Applied For ( )	FEI Num	nber Not Appli	icable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US				REGISTERED AGENT SOLUTIONS, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301 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: RICARDO OROZCO				01/26/2009		
	Electroni	c Signature of Registered Agen	it			Date
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DOUGLAS, ANTI	LLOW PLAZA DRIVE, SUITE 200		Title: Name: Address: City-St-Zip:	(	) Change ()Addition
Title: Name: Address: City-St-Zip:	JOHNSON, PEG	LLOW PLAZA DRIVE, SUITE 200		Title: Name: Address: City-St-Zip:	(	) Change ()Addition
Title: Name: Address: City-St-Zip:	CALDWELL, AL	LLOW PLAZA DRIVE, SUITE 200		Title: Name: Address: City-St-Zip:	(	) Change ()Addition
Title: Name: Address: City-St-Zip:	MANSEN, LEES	LLOW PLAZA DRIVE, SUITE 200		Title: Name: Address: City-St-Zip:	POWERS, FF	HOLLOW PLAZA DRIVE, SUITE 200
Title: Name: Address: City-St-Zip:	SMITH, JAMES	LLOW PLAZA DRIVE, SUITE 200		Title: Name: Address: City-St-Zip:	(	) Change ()Addition
Title: Name: Address: City-St-Zip:	POWERS, FRAN	LLOW PLAZA DRIVE, SUITE 200		Title: Name: Address: City-St-Zip:	(	) Change ( ) 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.

SIGNATURE: PEGGY JOHNSON V 01/26/2009