

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005543

FILED
Apr 23, 2009
Secretary of State

Entity Name: INCOPAN (INVESTMENT COMPANY OF PANAMA)

Current Principal Place of Business:

100 INGALLS DRIVE
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

100 INGALLS DRIVE
PENSACOLA, FL 32506

New Mailing Address:

FEI Number: 98-0431851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, PHILIP J
100 INGALLS DRIVE
PENSACOLA, FL 32506 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: C () Delete
Name: SUNIER, JEAN
Address: CLOS DES BUCLINES 4
City-St-Zip: 1223 COLOGNY SWITZERLAND,

Title: S () Delete
Name: DUBOIS-FERRIERE, HENRI-JEAN
Address: ROUTE D'HERMANCE 417
City-St-Zip: 1248 HERMANCE SWITZERLAND,

Title: DT () Delete
Name: JEANGROS, ALAIN
Address: CH. DES ETOURNELLES 4
City-St-Zip: 1255 VEYRIER SWITZERLAND,

Title: POA () Delete
Name: DAVIS, PHILIP J
Address: 100 INGALLS DR
City-St-Zip: PENSACOLA, FL 32506

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:

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: PHILIP J. DAVIS

POA

04/23/2009

Electronic Signature of Signing Officer or Director

Date