

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006541

FILED
Mar 20, 2009
Secretary of State

Entity Name: JAMES BELL ASSOCIATES, INC.

Current Principal Place of Business:

1001 19TH STREET, NORTH, SUITE 1500
ARLINGTON, VA 22209

New Principal Place of Business:

1001 19TH STREET, NORTH
SUITE 1500
ARLINGTON, VA 22209

Current Mailing Address:

1001 19TH STREET, NORTH, SUITE 1500
ARLINGTON, VA 22209

New Mailing Address:

FEI Number: 52-1150061 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PTC D () Delete
Name: BELL, JAMES
Address: 1001 19TH STREET, NORTH, SUITE 1500
City-St-Zip: ARLINGTON, VA 22209

Title: EVP () Delete
Name: KAYE, ELYSE
Address: 1001 19TH STREET, NORTH, SUITE 1500
City-St-Zip: ARLINGTON, VA 22209

Title: VP (X) Delete
Name: DESANTIS, JAMES
Address: 1001 19TH STREET, NORTH, SUITE 1500
City-St-Zip: ARLINGTON, VA 22209

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: JOHN BRIGDEN

DIR

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date