2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002543

Name:

Address:

City-St-Zip:

FORRESTER, LARRY

HOUSTON, TX 77060

515 N. SAM HOUSTON PKWY E., STE. 500

Entity Name: FIRST FINANCIAL ADMINISTRATORS, INC.

FILED Jan 08, 2008 Secretary of State

•					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	M HOUSTON N, TX 77060	I PKWY E., STE. 500			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX HOUSTON	670329 N, TX 772670	0329			
FEI Number: 76-0125853		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
PLANTAT The above	e of Florida.	24 US	purpose of changing its registered	d office or registered agent, or both,	
0.0		onic Signature of Registered Ag	jent	Date	
Election Ca	mpaign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	KIRTLEY, SU	IOUSTON PKWY E., STE. 500	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	USELTON, C	IOUSTON PKWY E., STE. 500	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP () Delete	Title:	() 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.

Name:

Address:

City-St-Zip:

SIGNATURE: LARRY FORRESTER VP 01/08/2008