2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# F05000002882

Entity Name: PICKERING FIRM, INC.

Current Principal Place of Business:

6775 LENOX CENTER COURT
SUITE 300
MEMPHIS, TN 38115

New Principal Place of Business:

Current Mailing Address:

6775 LENOX CENTER COURT
SUITE 300
MEMPHIS, TN 38115

New Mailing Address:

FEI Number: 62-1402506 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33231 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:	V	( ) Delete
Name:	BILDERBECK, MICHAEL	
Address:	6775 LENOX CENTER CT SUITE 300	
City-St-Zip:	MEMPHIS, TN 38115	
Title:	S	( ) Delete
Name:	WOODS, WILLIAM	
Address:	6775 LENOX CENTER CT SUITE 300	
City-St-Zip:	MEMPHIS, TN 38115	
Title:	D	( ) Delete
Name:	SALEH, YOUSEF	
Address:	6775 LENOX CENTER COURT, SUITE 300	
City-St-Zip:	MEMPHIS, TN 38115	
Title:	D	( ) Delete
Name:	SCRUGGS, GARY	
Address:	6775 LENOX CENTER COURT, SUITE 300	
City-St-Zip:	MEMPHIS, TN 38115	
Title:	P	( ) Delete
Name:	RUBENSTEIN, MARC	
Address:	6775 LENOX CENTER COURT, SUITE 300	
City-St-Zip:	MEMPHIS, TN 38115	
Title:	T	( ) Delete
Name:	VANCE, LINDA	
Address:	6775 LENOX CENTER COURT, SUITE 300	
City-St-Zip:	MEMPHIS, TN 38115	

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:	
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: LINDA VANCE TREA 04/27/2009

Electronic Signature of Signing Officer or Director — Date