

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005463

FILED
Jan 15, 2009
Secretary of State

Entity Name: BECK DISASTER RECOVERY, INC.

Current Principal Place of Business:

1001 FOURTH AVENUE, SUITE 2500
ATTN: LEGAL DEPARTMENT
SEATTLE, WA 981541004

New Principal Place of Business:

Current Mailing Address:

1001 FOURTH AVENUE, SUITE 2500
ATTN: LEGAL DEPARTMENT
SEATTLE, WA 981541004

New Mailing Address:

FEI Number: 91-2080979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DCEO () Delete
Name: BURGIEL, JONATHAN J
Address: 800 N. MAGNOLIA, SUITE 400
City-St-Zip: ORLANDO, FL 32803

Title: DCHM () Delete
Name: MALMSJO, ALBERT B III
Address: 1000 LEGION PLACE, SUITE 1000
City-St-Zip: ORLANDO, FL 32801

Title: PD () Delete
Name: MCLENDON, CHARLES M
Address: 800 NORTH MAGNOLIA, SUITE 400
City-St-Zip: ORLANDO, FL 328033274

Title: D () Delete
Name: STEPP, RUSSELL J
Address: 1001 FOURTH AVENUE, SUITE 2500
City-St-Zip: SEATTLE, WA 981541004

Title: AS () Delete
Name: ROSS, LIN
Address: 1001 FOURTH AVE. SUITE 2500
City-St-Zip: SEATTLE, WA 981541004

Title: T () Delete
Name: CLARK, ELAINE M
Address: 1001 FOURTH AVE. SUITE 2500
City-St-Zip: SEATTLE, WA 981541004

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: LIN ROSS

AS

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date