

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005463

FILED  
Jan 08, 2010  
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:

2301 LUCIEN WAY  
SUITE 120  
MAITLAND, FL 32751

## Current Mailing Address:

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

## New Mailing Address:

2301 LUCIEN WAY  
SUITE 120  
MAITLAND, FL 32751

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  
Name: BURGIEL, JONATHAN J  
Address: 2301 LUCIEN WAY  
City-St-Zip: MAITLAND, FL 32751

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

Title: VP  
Name: MCLENDON, CHARLES M  
Address: 2301 LUCIEN WAY  
City-St-Zip: MAITLAND, FL 32751

Title: SEC  
Name: SCHAEFER, JOHNATHAN F  
Address: 2301 LUCIEN WAY  
City-St-Zip: MAITLAND, FL 32751

Title: AS  
Name: QUELLA, C. VINCENT  
Address: 10260 CAMPUS POINT DRIVE  
City-St-Zip: SAN DIEGO, CA 92121

Title: T  
Name: CROWN, MARK H  
Address: 10260 CAMPUS POINT DRIVE  
City-St-Zip: SAN DIEGO, CA 92121

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE DONATO

POA

01/08/2010

Electronic Signature of Signing Officer or Director

Date