2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# F06000000323

Entity Name: EAST WEST (GMS) MANAGEMENT CORPORATION

Current Principal Place of Business:

14700 VILLAGE SQUARE PLACE
MIDLOTHIAN, VA 23112

New Principal Place of Business:

Current Mailing Address:

14700 VILLAGE SQUARE PLACE
MIDLOTHIAN, VA 23112

New Mailing Address:

FEI Number: 20-3638745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

F & L CORP
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202 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: DST ( ) Delete
Name: PEARSON, KATHRYN H
Address: 5304 BEECHWOOD POINTE CT
City-St-Zip: MIDLOTHIAN, VA 23112 US

Title: PD ( ) Delete
Name: ARROWSMITH, ROGER S
Address: 4800 LAKESHORE DR W
City-St-Zip: ORANGE PARK, FL 32073 US

Title: AS ( ) Delete
Name: BADURA, CHRISTINE S
Address: 5201 WEST SHORE ROAD
City-St-Zip: MIDLOTHIAN, VA 23112 US

Title: V ( ) Delete
Name: DUBIS, BEVERLY
Address: 2331 LAKESHORE DR., NORTH
City-St-Zip: ORANGE PARK, FL 32003 US

Title: D ( ) Delete
Name: FENCHUK, GARY W
Address: 13704 BEECHWOOD POINTE ROAD
City-St-Zip: MIDLOTHIAN, VA 23112 US

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:

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: ROGER S. ARROWSMITH PD 04/28/2009

Electronic Signature of Signing Officer or Director — Date