2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001984

CILIERS, PIÈTÉR

LOS ANGELES, CA 90067

1880 CENTURY PARK EAST, SUITE 900

Name:

Address:

City-St-Zip:

Entity Name: BARCALOUNGER CORPORATION

FILED Apr 02, 2009 Secretary of State

Littly Nai	Me. BARCALC	JUNGER CORFORATION				
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
1450 ATLANTIC AVE., ROCKY MOUNT, NC 27802 US				1450 ATLANTIC AVE., ROCKY MOUNT, NC 27801 US		
Current M	lailing Addres	s:	New Maili	New Mailing Address:		
P O BOX 6 ROCKY M	8157 OUNT, NC 278	802 US				
FEI Number:	: 20-4429018	FEI Number Applied For ()	FEI Number Not App	licable () Certific	ate of Status Desired ()	
Name and	Address of C	urrent Registered Agent	: Name and	Name and Address of New Registered Agent:		
1201 HAYS	ATION SERVIC S STREET SSEE, FL 3230					
	named entity s of Florida.	submits this statement for th	he purpose of changing i	ts registered office or	registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered	Agent		Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().				
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	FOURTIEQ, MIC	PARK EAST, SUITE 900	Title: Name: Address: City-St-Zip:	()Change	() Addition	
Title: Name: Address: City-St-Zip:	LISTEN, KEVIN	PARK EAST, SUITE 900	Title: Name: Address: City-St-Zip:	CEO (X) Change YOW, TOM 1450 ATLANTIC AVE ROCKY MOUNT, NC 27	()Addition 801	
Title: Name: Address: City-St-Zip:	FOURTIEQ, MIC	RY PARK EAST, SUITE 900	Title: Name: Address: City-St-Zip:	()Change	() Addition	
Title: Name: Address: City-St-Zip:	CFO () CHAMBERLAIN 1450 ATLANTIC ROCKY MOUNT	AVENUE	Title: Name: Address: City-St-Zip:	CFO (X) Change BRAXMEYER, JOHN 1450 ATLANTIC AVENUE ROCKY MOUNT, NC 27		
Title:	S (X)	. 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: JOHN BRAXMEYER CFO 04/02/2009