

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004615

Entity Name: PCM HOLDINGS I, INC.

FILED
Feb 17, 2009
Secretary of State

Current Principal Place of Business:

8889 PELICAN BAY BOULEVARD
NAPLES, FL 34108

New Principal Place of Business:

8889 PELICAN BAY BOULEVARD
SUITE 500
NAPLES, FL 34108

Current Mailing Address:

8889 PELICAN BAY BOULEVARD
SUITE 500
NAPLES, FL 34108

New Mailing Address:

FEI Number: 52-2324948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATKINS, CHAD
8889 PELICAN BAY BOULEVARD
SUITE 500
NAPLES, FL 34108 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: CV () Delete
Name: SHERMAN, BRUCE S
Address: 8889 PELICAN BAY BOULEVARD
City-St-Zip: NAPLES, FL 34108

Title: VP () Delete
Name: POWERS, GREG J
Address: 8889 PELICAN BAY BOULEVARD
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: MASON, RAYMOND A
Address: 100 LIGHT STREET
City-St-Zip: BALTIMORE, MD 21202

Title: D () Delete
Name: CHOWDHURY, DEEPAK
Address: 100 LIGHT STREET
City-St-Zip: BALTIMORE, MD 21202

Title: D () Delete
Name: BAIN, PETER L
Address: 100 LIGHT STREET
City-St-Zip: BALTIMORE, MD 21202

Title: S () Delete
Name: ATKINS, CHAD
Address: 8889 PELICAN BAY BOULEVARD
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHERMAN, BRUCE S
Address: 8889 PELICAN BAY BOULEVARD
City-St-Zip: NAPLES, FL 34108

Title: PD (X) Change () Addition
Name: POWERS, GREG J
Address: 8889 PELICAN BAY BOULEVARD
City-St-Zip: NAPLES, FL 34108

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: CHAD ATKINS

S

02/17/2009

Electronic Signature of Signing Officer or Director

Date