

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000005524

FILED
Oct 14, 2009
Secretary of State

Entity Name: BUTLER CAPITAL CORPORATION

Current Principal Place of Business:

215 SCHILLING CIRCLE SUITE 100
HUNT VALLEY, MD 21031

New Principal Place of Business:

Current Mailing Address:

PO BOX 677
HUNT VALLEY, MD 21030

New Mailing Address:

FEI Number: 52-1167308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MICHELE POLSKY

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: BUTLER, LAWRENCE J
Address: 215 SCHILLING CIRCLE SUITE 100
City-St-Zip: HUNT VALLEY, MD 21031

Title: D () Delete
Name: PYLES, MICHAEL
Address: 215 SCHILLING CIRCLE SUITE 100
City-St-Zip: HUNT VALLEY, MD 21031

Title: D () Delete
Name: KOHR, RICHARD
Address: 215 SCHILLING CIRCLE SUITE 100
City-St-Zip: HUNT VALLEY, MD 21031

Title: VP () Delete
Name: POLACK, ROBERT E
Address: 215 SCHILLING CIRCLE SUITE 100
City-St-Zip: HUNT VALLEY, MD 21031

Title: S () Delete
Name: SINGLETON, THERESA M
Address: 215 SCHILLING CIRCLE SUITE 100
City-St-Zip: HUNT VALLEY, MD 21031

Title: P () Delete
Name: SERIO, JOSEPH
Address: 215 SCHILLING CIRCLE SUITE 100
City-St-Zip: HUNT VALLEY, MD 21031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BUTLER, BRETT
Address: 215 SCHILLING CIRCLE SUITE 100
City-St-Zip: HUNT VALLEY, MD 21031

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: THERESA M SINGLETON

S

10/14/2009

Electronic Signature of Signing Officer or Director

Date