

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006069

FILED
Mar 19, 2009
Secretary of State

Entity Name: HAMMOND, KENNEDY WHITNEY & COMPANY, INC.

Current Principal Place of Business:

420 LEXINGTON AVENUE
SUITE 402
NEW YORK, NY 10170

New Principal Place of Business:

Current Mailing Address:

13141 SABAL CHASE
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 13-1769063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, JEFFREY G
13141 SABAL CHASE
PALM BEACH GARDENS, FL 33418 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: PD () Delete
Name: SCOLNIK, GLENN
Address: 8888 KEYSTONE CROSSING, SUITE 600
City-St-Zip: INDIANAPOLIS, IN 46240

Title: V () Delete
Name: PHENICIE, LUKE A
Address: 8888 KEYSTONE CROSSING, SUITE 600
City-St-Zip: INDIANAPOLIS, IN 46240

Title: S () Delete
Name: LIS-MILAM, JULIANNE S
Address: 8888 KEYSTONE CROSSING, SUITE 600
City-St-Zip: INDIANAPOLIS, IN 46240

Title: T () Delete
Name: ROEMER, MICHAEL
Address: 106 PROSPECT STREET
City-St-Zip: RIDGEWOOD, NJ 07450

Title: DIR () Delete
Name: SNYDER, JAMES C
Address: 8888 KEYSTONE CROSSING, SUITE 600
City-St-Zip: INDIANAPOLIS, IN 46240

Title: DIR () Delete
Name: FUTTERKNECHT, JAMES O JR
Address: 2911 HEATHER COURT
City-St-Zip: BLOOMFIELD HILLS, MI 48302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WOOD, JEFFREY G
Address: 8888 KEYSTONE CROSSING, SUITE 600
City-St-Zip: INDIANAPOLIS, IN 46240

Title: V (X) Change () Addition
Name: CARSELLO, JOHN M
Address: 8888 KEYSTONE CROSSING, SUITE 600
City-St-Zip: INDIANAPOLIS, IN 46240

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: JULIANNE S. LIS-MILAM

S

03/19/2009

Electronic Signature of Signing Officer or Director

Date