

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 19, 2009
Secretary of State**

DOCUMENT# F06000006700

Entity Name: SAN ANTONIO RETAIL MERCHANTS ASSOCIATION INCORPORATED

Current Principal Place of Business:

1801 BROADWAY
SAN ANTONIO, TX 78215

New Principal Place of Business:

Current Mailing Address:

1801 BROADWAY
SAN ANTONIO, TX 78215

New Mailing Address:

FEI Number: 74-0879730 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: BENAVIDES, ROBERTO
Address: 1801 BROADWAY
City-St-Zip: SAN ANTONIO, TX 78215

Title: VST () Delete
Name: STOLTE, LINDA
Address: 1801 BROADWAY
City-St-Zip: SAN ANTONIO, TX 78215

Title: AST () Delete
Name: MULVANY, KIM
Address: 1801 BROADWAY
City-St-Zip: SAN ANTONIO, TX 78215

Title: D () Delete
Name: BRADFIELD, JOYCE
Address: 1801 BROADWAY
City-St-Zip: SAN ANTONIO, TX 78215

Title: DVC () Delete
Name: BRUSENHAN, HARRY
Address: 1801 BROADWAY
City-St-Zip: SAN ANTONIO, TX 78215

Title: CD () Delete
Name: GUDINA, DONALD
Address: 1801 BROADWAY
City-St-Zip: SAN ANTONIO, TX 78215

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA STOLTE

Electronic Signature of Signing Officer or Director

VST

03/19/2009

Date