2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000586

Entity Name: TERRAPOINTE SERVICES INC.

FILED Apr 18, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 50 N LAURA STREET SUITE 1900 JACKSONVILLE, FL 32202 **Current Mailing Address: New Mailing Address:** 50 N LAURA STREET SUITE 1900 JACKSONVILLE, FL 32202 FEI Number: 06-1158895 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition FRAZIER, III, W.EDWIN MARGIOTTA, CHARLES Name: Name: 50 N LAURA STREET SUITE 1900 50 N LAURA STREET SUITE 1900 Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202 VΡ Title: Title: () Delete () Change () Addition STACKPOOLE, JAMES M Name: Name: 50 N LAURA STREET SUITE 1900 Address: Address: JACKSONVILLE, FL 32202 City-St-Zip: City-St-Zip: () Delete Title: Title: SD (X) Change () Addition DERIENZIS, JOSHUA H FRAZIER, III, W. E Name: Name: 50 N LAURA STREET SUITE 1900 50 N LAURA STREET SUITE 1900 Address: Address: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: Title: () Delete Title: () Change () Addition AUGUSTE, MACDONALD Name: Name: Address: 50 N LAURA STREET SUITE 1900 Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: Title: Title: () Delete () Change (X) Addition Name: Name: THOMAS, LEE M Address: 50 N. LAURA STREET SUITE 1900 Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32202 Title: () Delete Title: ASEC () Change (X) Addition Name: Name: ARTHUR, TRACY K 50 N. LAURA STREET SUITE 1900 Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32202

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: W. E. FRAZIER, III SECR 04/18/2008