

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001129

FILED
Apr 07, 2011
Secretary of State

Entity Name: PORTS AMERICA GULFPORT, INC.

Current Principal Place of Business:

1105 30TH AVENUE
SUITE 201
GULFPORT, MS 39501 US

New Principal Place of Business:

Current Mailing Address:

99 WOOD AVE. SOUTH
8TH FLOOR
ISELIN, NJ 08830 US

New Mailing Address:

FEI Number: 72-0121715 **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: S
Name: WALSH, MAUREEN
Address: 99 WOOD AVE. SOUTH, 8TH FLOOR
City-St-Zip: ISELIN, NJ 08830 US

Title: P
Name: HASSING, MICHAEL
Address: 99 WOOD AVENUE SOUTH 8TH FLOOR
City-St-Zip: ISELIN, NJ 08830 US

Title: CFO
Name: BROWN, KEVIN
Address: 99 WOOD AVENUE SOUTH 8TH FLOOR
City-St-Zip: ISELIN, NJ 08830 US

Title: SVP
Name: FOGARTY, FRANK
Address: 99 WOOD AVENUE SOUTH 8TH FLOOR
City-St-Zip: ISELIN, NJ 08830 US

Title: D
Name: WHITE, TERRENCE
Address: 601 LOUISIANA AVENUE
City-St-Zip: NEW ORLEANS, LA 70115 US

Title: TO
Name: BELLIFEMINI, MICHAEL
Address: 99 WOOD AVENUE SOUTH 8TH FLOOR
City-St-Zip: ISELIN, NJ 08830 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL BELLIFEMINI

TO

04/07/2011

Electronic Signature of Signing Officer or Director

Date