2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# F07000005063

Entity Name: TAMPA WINNELSON CO.

Current Principal Place of Business:

602 N. 34TH STREET
TAMPA, FL 336056250

New Principal Place of Business:

Current Mailing Address:

1000 HURRICANE SHOALS RD, NE
C-100
LAWRENCEVILLE, GA 30043

New Mailing Address:

FEI Number: 26-1216021 **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 323012525 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: KNAB, JOHN D
Address: 602 N. 34TH STREET
City-St-Zip: TAMPA, FL 336056250

Title: D ( ) Delete
Name: GROUT, CALVIN W
Address: 3110 KETTERINE BLVD.
City-St-Zip: DAYTON, OH 45439

Title: D ( ) Delete
Name: LARKIN, DENNIS M
Address: 1000 HURRICANE SHOALS BLVD. #D500
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: ST ( ) Delete
Name: MUEGEL, PHILIP E
Address: 1000 HURRICANE SHOALS BLVD. #D500
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: D ( ) Delete
Name: SALSMAN, MONTE L
Address: 3110 KETTERING BLVD.
City-St-Zip: DAYTON, OH 45439

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: BOHANNON, RON
Address: 3110 KETTERING BLVD.
City-St-Zip: DAYTON, OH 45439

Title: D (X) Change ( ) Addition
Name: LARKIN, DENNIS M
Address: 1000 HURRICANE SHOALS BLVD. #C100
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: ST (X) Change ( ) Addition
Name: MUEGEL, PHILIP E
Address: 1000 HURRICANE SHOALS BLVD. #C100
City-St-Zip: LAWRENCEVILLE, GA 30043

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: ANITA L LEFTY, AGENT AGT 04/10/2009

Electronic Signature of Signing Officer or Director — Date