

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005199

FILED  
Jan 28, 2010  
Secretary of State

**Entity Name:** TOTAL PROGRAM MANAGEMENT, INC.

**Current Principal Place of Business:**

4175 VETERANS MEMORIAL HIGHWAY  
SUITE 200  
RONKONKOMA, NY 11779

**New Principal Place of Business:**

**Current Mailing Address:**

4175 VETERANS MEMORIAL HIGHWAY  
SUITE 200  
RONKONKOMA, NY 11779

**New Mailing Address:**

**FEI Number:** 20-2707992

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HATCH, JOHN D ESQUIRE  
1267 BERKSHIRE LANE  
SUITE 200  
TARPON SPRINGS, FL 34688 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  
**Name:** FOY, CHRISTOPHER H  
**Address:** 4175 VETERANS MEMORIAL HWY #200  
**City-St-Zip:** RONKONKOMA, NY 11779

**Title:** C  
**Name:** VAN BEURDEN, WILLIAM J  
**Address:** 1600 DRAPER STREET  
**City-St-Zip:** KINGSBURG, CA 93631

**Title:** S  
**Name:** WIGH, STEVEN C  
**Address:** 4270 W RICHERT, SUITE 101  
**City-St-Zip:** FRESNO, CA 93722

**Title:** VPD  
**Name:** MCINTOSH, ROBERT M  
**Address:** 515 N CABRILLO PARK DR, SUITE 102  
**City-St-Zip:** SANTA ANA, CA 92701

**Title:** CFO  
**Name:** CULLEN, LAURA M  
**Address:** 4270 W RICHERT, SUITE 101  
**City-St-Zip:** FRESNO, CA 93722

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:** CHRISTOPHER H. FOY

PRES

01/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date