2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

DOCUMENT# F07000005199

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

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 01/04/2011

Electronic Signature of Signing Officer or Director — Date