2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005199

Entity Name: TOTAL PROGRAM MANAGEMENT, INC.

FILED Jan 17, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4175 VETERANS MEMORIAL HIGHWAY 4175 VETERANS MEMORIAL HIGHWAY

SUITE 200 SUITE 306

RONKONKOMA, NY 11779 RONKONKOMA, NY 11779

Current Mailing Address: New Mailing Address:

4175 VETERANS MEMORIAL HIGHWAY 4175 VETERANS MEMORIAL HIGHWAY

SUITE 200 SUITE 306

RONKONKOMA, NY 11779 RONKONKOMA, NY 11779

FEI Number: 20-2707992 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:

3 H AGENT SERVICES, INC. 1970 OTTER WAY

PALM HARBOR, FL 34685 US

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 #306

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 01/17/2012