2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005750

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

DOCOMENT# F07000003730

Entity Name: THE TAPESTRY GROUP, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 17220 WRIGHT STREET SUITE 200 OMAHA, NE 68130 **Current Mailing Address: New Mailing Address:** 17220 WRIGHT STREET SUITE 200 OMAHA, NE 68130 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZIMMERMAN, NEVIN J 475 HARRISON AVE SUITE 100 PANAMA CITY, FL 32401 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DURANT, RYAN Name: Name: 17220 WRIGHT STREET, SUITE 200 Address: Address: City-St-Zip: OMAHA, NE 68130 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WILCOX, MICHAEL Name: Address: 17220 WRIGHT STREET, SUITE 200 Address: City-St-Zip: OMAHA, NE 68130 City-St-Zip: Title: () Delete Title: () Change () Addition MURANTE, SAM Name: Name: Address: 7324 ONTARIO STREET Address: City-St-Zip: OMAHA, NE 68124 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WILCZEWSKI, MARK Name: Address: 3515 SE 11TH STREET Address: City-St-Zip: GRESHAM, OR 97080 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: RYAN DURANT P 04/30/2009

() Delete

() Delete

() Change (X) Addition

() Change (X) Addition

WILCZEWSKI, CHRISTOPHER

OMAHA, NE 68124

KEATING, JERRY

OMAHA, NE 68124

17220 WRIGHT STREET SUITE 200

17220 WRIGHT STREET SUITE 200