2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# F07000005927

Entity Name: ALLEY CAT ALLIES INCORPORATED

Current Principal Place of Business:

7920 NORFOLK AVENUE, SUITE 600
BETHESDA, MD 20814

New Principal Place of Business:

Current Mailing Address:

7920 NORFOLK AVENUE, SUITE 600
BETHESDA, MD 20814

New Mailing Address:

2380 CAMINO VIDA ROBLE, SUITE E
CARLSBAD, CA 92011

FEI Number: 62-1742079 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	D	( ) Delete
Name:	AYRES, BETH	
Address:	7920 NORFOLK AVENUE, SUITE 600	
City-St-Zip:	BATHESDA, MD 20814	
Title:	D	( ) Delete
Name:	CHU, KARYEN	
Address:	7920 NORFOLK AVENUE, SUITE 600	
City-St-Zip:	BATHESDA, MD 20814	
Title:	KUKL	( ) Delete
Name:	A, TAMARA	
Address:	7920 NORFOLK AVENUE, SUITE 600	
City-St-Zip:	BATHESDA, MD 20814	
Title:	D	( ) Delete
Name:	RAPHAEL, ERIC N	
Address:	7920 NORFOLK AVENUE, SUITE 600	
City-St-Zip:	BATHESDA, MD 20814	
Title:	PT	( ) Delete
Name:	ROBINSON, REBECCA	
Address:	7920 NORFOLK AVENUE, SUITE 600	
City-St-Zip:	BATHESDA, MD 20814	
Title:	C	( ) Delete
Name:	WILCOX, DONNA	
Address:	7920 NORFOLK AVENUE, SUITE 600	
City-St-Zip:	BATHESDA, MD 20814	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAIRE C. BRONTE CONS 03/18/2009

Electronic Signature of Signing Officer or Director — Date