2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006022

Entity Name: SWETT & CRAWFORD OF TEXAS, INC.

FILED Apr 26, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
7230 MCGINNIS FERRY RD., STE. 300 SUWANNE, GA 30024			515 S. FIGUEROA STREET, SUITE 600 LOS ANGELES, CA 90071				
Current Mailing Address:				New Mailing Address:			
7230 MCGINNIS FERRY RD., STE. 300 SUWANNE, GA 30024				515 S. FIGUEROA STREET, SUITE 600 LOS ANGELES, CA 90071			
FEI Number: 74-1565310 FEI Number Applied For () FEI Number		FEI Num	nber Not Applicable () Certificate		Certificate of Status Desired ()		
Name and Address of Current Registered Agent: N					Name and Address of New Registered Agent:		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 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		
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS							
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	ABERNATHY, JA 3715 NORTHSID ATLANTA, GA 30 DS () I ELELMAN, ELIZA	E PARKWAY, BLDG. 200, STE 800 0327 Delete ABETH E PKWY, BLDG. 200, STE. 800		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	ABERNATHY, 3715 NORTHS ATLANTA, GA DS (X EDELMAN, ELI	IDE PKWY, 200 NORTHCREEK, SUITE 30327 (1) Change () Addition IZABETH ANN ROA STREET, SUITE 600	
City-St-Zip:	SNELL, TERRÍ 7230 MCGINNIS SUWANNE, GA			Title: Name: Address: City-St-Zip:	SNELL, TERRI 7230 MCGINNI SUWANEE, GA	IS FERRY ROAD, SUITE 300 A 30024	
Title: Name: Address: City-St-Zip:	VT () I BAVELY, MICHA 7230 MCGINNIS SUWANNE, GA	EL FERRY RD., STE. 300		Title: Name: Address: City-St-Zip:	BAVELY, MICH	ROA STREET, SUITE 600	
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	BAXLEY, BRAD	ROA STREET, SUITE 600	
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	BRAIG, WILLIA	ROA STREET, SUITE 600	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE MEYER POA 04/26/2008