

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006125

FILED
Mar 25, 2009
Secretary of State

Entity Name: SWETT & CRAWFORD OF GEORGIA, INC.

Current Principal Place of Business:

515 S. FIGUEROA STREET, SUITE 600
LOS ANGELES, CA 90071

New Principal Place of Business:

Current Mailing Address:

515 S. FIGUEROA STREET, SUITE 600
LOS ANGELES, CA 90071

New Mailing Address:

FEI Number: 26-1353331

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ABERNATHY, J. NEAL
Address: 3715 NORTHSIDE PKWY, 200 NORTHCREEK, SUITE
City-St-Zip: ATLANTA, GA 30327

Title: VPAD () Delete
Name: SNELL, TERRI
Address: 7230 MCGINNIS FERRY ROAD, SUITE 300
City-St-Zip: SUWANEE, GA 30024

Title: SD () Delete
Name: EDELMAN, ELIZABETH ANN
Address: 515 S. FIGUEROA STREET, SUITE 600
City-St-Zip: LOS ANGELES, CA 90071

Title: DTPV () Delete
Name: BAVELY, MICHAEL
Address: 515 S. FIGUEROA STREET, SUITE 600
City-St-Zip: LOS ANGELES, CA 90071

Title: VP () Delete
Name: BRENNAN, MICHAEL I
Address: 515 S. FIGUEROA STREET, SUITE 600
City-St-Zip: LOS ANGELES, CA 90071

Title: VP () Delete
Name: BROTT, MATTHEW S
Address: 515 S. FIGUEROA STREET, SUITE 600
City-St-Zip: LOS ANGELES, CA 90071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ABERNATHY, J. NEAL
Address: 3715 NORTHSIDE PKWY 200NORTHCREEK STE 800
City-St-Zip: ATLANTA, GA 30327

Title: DEVP (X) Change () Addition
Name: SNELL, TERRI
Address: 7230 MCGINNIS FERRY ROAD SUITE 300
City-St-Zip: SUWANEE,, GA 30024

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DCFO (X) Change () Addition
Name: BAVELY, MICHAEL
Address: 515 S. FIGUEROA STREET, SUITE 600
City-St-Zip: LOS ANGELES, CA 90071

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

SIGNATURE: LAURA LOUIS

POA

03/25/2009

Electronic Signature of Signing Officer or Director

Date