2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F08000003702

Entity Name: MERCER ADVISORS INC.

FILED Oct 15, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
7201 EAST PRINCESS BLVD SCOTTSDALE, AZ 85255						
Current Mailing Address:			New Mailing Address:			
1801 E CABRILLO BLVD SANTA ROSA, CA 93108			1801 E CABRILLO BLVD SANTA BARBARA, CA 93108			
FEI Number: 2	26-2459836	FEI Number Applied For ()	FEI Num	nber Not Appli	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: N				Name and Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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: JANE S. KRAYER (AVP) FOR CSC						
	Electronic	Signature of Registered Agent	t		Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	LOWELL, JEFFE	NS AVE SUITE 5150		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	NEWCOM, JENN	NS AVE SUITE 5150		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () [DONGIEUX, GEN 1801 E CABRILL SANTA BARBAR	O BLVD		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP () I BARTON, DAVID 7201 EAST PRIN SCOTTSDALE, A	H ICESS BLVD		Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	VP () I ROCHESTIC, HO 1801 E CABRILL SANTA BARBAR	O BLVD		Title: Name: Address: City-St-Zip:	VP (X) Change () Addition KVANCZ, SCOTT J 1801 E CABRILLO BLVD SANTA BARBARA, CA 93108	
Title: Name: Address: City-St-Zip:	ST () [ATWATER-ROBL 1801 E CABRILL SANTA BARBRA	O BLVD		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: SCOTT KVANCZ VP 10/15/2009