## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F08000004829

Entity Name: THE HASKELL COMPANY

FILED Apr 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 111 RIVERSIDE AVE. 111 RIVERSIDE AVE. JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 US **Current Mailing Address: New Mailing Address:** 111 RIVERSIDE AVE 111 RIVERSIDE AVE. JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 US FEI Number: 59-2387450 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SLAPPEY, BRADFORD 111 RIVERSIDE AVE. JACKSONVILLE, FL 32202 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: CFOP ( ) Delete Title: (X) Change ( ) Addition SLAPPEY, BRADFORD A SLAPPEY, BRADFORD A Name: Name: 111 RIVERSIDE AVE. 111 RIVERSIDE AVE. Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202 US Title: Title: () Delete (X) Change ( ) Addition Name: SLAPPEY, BRADFORD A Name: HASKELL, PRESTON H III 111 RIVERSIDE AVE. 111 RIVERSIDE AVE. Address: Address: JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 US City-St-Zip: City-St-Zip: Title: Title: () Delete ( ) Change (X) Addition HALVERSON, STEVEN T Name: Name: 111 RIVERSIDE AVE. Address Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32202 US Title: () Delete Title: DVP ( ) Change (X) Addition FERRELL, GREGORY Name: Name: Address: Address: 111 RIVERSIDE AVE. City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32202 US Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: THAELER, DAVID A Address: Address: 111 RIVERSIDE AVE. JACKSONVILLE, FL 32202 US City-St-Zip: City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition Name: Name: WILSON, ALAN 111 RIVERSIDE AVE. Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32202 US

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: BRADFORD A SLAPPEY DST 04/30/2009