2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005421

Name:

Name:

Address:

City-St-Zip:

SIMPSON, RUTH

12 GRANDVIEW CIRCLE

CANINSBURG, PA 15317

Entity Name: WEST PALM MANAGEMENT COMPANY

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 12 GRANDVIEW CIRCLE 12 GRANDVIEW CIRCLE CANINSBURG, PA 15317 CANONSBURG, PA 15317 **Current Mailing Address: New Mailing Address:** 12 GRANDVIEW CIRCLE 12 GRANDVIEW CIRCLE CANINSBURG, PA 15317 CANONSBURG, PA 15317 FEI Number: 26-3985453 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: () Delete Title: (X) Change () Addition DUNLAP, EDWARD B DUNLAP, EDWARD B Name: Name: 12 GRANDVIEW CIRCLE 12 GRANDVIEW CIRCLE Address: Address: City-St-Zip: CANINSBURG, PA 15317 City-St-Zip: CANONSBURG, PA 15317 Title: Title: (X) Change () Addition () Delete

> HOFFRMAN, ANNEMARTE Name: HOFFMAN, ANNEMARIE 12 GRANDVIEW CIRCLE Address:

12 GRANDVIEW CIRCLE Address: CANONSBURG, PA 15317 CANINSBURG, PA 15317 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete ST

SIMPSON, RUTH K Name: 12 GRANDVIEW CIRCLE Address: City-St-Zip: CANONSBURG, PA 15317

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: NATALIE CARLSON ADM 04/21/2009