

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000658

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Entity Name:** CRAWFORD INVESTMENT COUNSEL, INC.

**Current Principal Place of Business:**

600 GALLERIA PARKWAY SUITE 1650  
ATLANTA, GA 30339

**New Principal Place of Business:**

**Current Mailing Address:**

600 GALLERIA PARKWAY SUITE 1650  
ATLANTA, GA 30339

**New Mailing Address:**

**FEI Number:** 58-1408870

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KIRCHNER, AL  
238 PONTE VEDRA PARK DRIVE SUITE 102  
PONTE VEDRA BEACH, FL 32082 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

**OFFICERS AND DIRECTORS:**

**Title:** C  
**Name:** CRAWFORD, JOHN III  
**Address:** 600 GALLERIA PARKWAY SUITE 1650  
**City-St-Zip:** ATLANTA, GA 30339

**Title:** DVP  
**Name:** CRAWFORD, JOHN IV  
**Address:** 600 GALLERIA PARKWAY SUITE 1650  
**City-St-Zip:** ATLANTA, GA 30339

**Title:** DP  
**Name:** CRAWFORD, DAVID B  
**Address:** 600 GALLERIA PARKWAY SUITE 1650  
**City-St-Zip:** ATLANTA, GA 30339

**Title:** S  
**Name:** CRAWFORD, CATHIE  
**Address:** 600 GALLERIA PARKWAY SUITE 1650  
**City-St-Zip:** ATLANTA, GA 30339

I hereby 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 all other like empowered.

**SIGNATURE:** DAVID B. CRAWFORD

PRES

04/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date