2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002419

Entity Name: THE GORDIAN ASSOCIATES, INC.

FILED Feb 27, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 140 BRIDGES ROAD SUITE E MAULDIN, SC 29662 US **Current Mailing Address: New Mailing Address:** 140 BRIDGES ROAD SUITE E MAULDIN, SC 29662 US FEI Number: 58-1900371 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: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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: CEOD () Delete Title: (X) Change () Addition Name: MELLON, HARRY H Name: MELLON, HARRY H 930 TAHOE BLVD. UNIT 226 930 TAHOE BLVD. UNIT 226 Address: Address: City-St-Zip: INCLINE VILLAGE, NV 89451 City-St-Zip: INCLINE VILLAGE, NV 89451 Title: Title: TD () Delete (X) Change () Addition SNOW, EDWARD A Name: Name: SNOW, EDWARD A 205 SUN MEADOW RD. 205 SUN MEADOW RD. Address: Address: GREER, SC 29650 GREER, SC 29650 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition COFFEY, ROBERT D Name: Name: 9 AVENS HILL DRIVE Address: Address: City-St-Zip: GREER, SC 29651 City-St-Zip: Title: () Delete Title: VΡ (X) Change () Addition MAHLER, DAVID L MAHLER, DAVID L Name: Name: Address: 113 CLAIREWOOD CT Address: 113 CLAIREWOOD CT City-St-Zip: GREENVILLE, SC 29615 City-St-Zip: GREENVILLE, SC 29615 Title: GCD () Delete Title: CC (X) Change () Addition SCHREYER, PAUL R Name: SCHREYER, PAUL R Name: 2 MILLER ROAD Address: 2 MILLER ROAD Address: City-St-Zip: DARIEN, CT 06820 City-St-Zip: DARIEN, CT 06820 Title: () Delete Title: () Change (X) Addition KORTICK, DANIEL M Name: Name: 405 PARK AVENUE Address: Address: City-St-Zip: City-St-Zip: NEW YORK, NY 10022

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: DAVID L. MAHLER VP 02/27/2008