

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003229

Entity Name: FLEMING & HALL, LTD., INC.

FILED
Mar 05, 2009
Secretary of State

Current Principal Place of Business:

10 INDUSTRIAL BLVD. AIRPORT BUS. COM.
SUITE 12
PHILADELPHIA, PA 19113 US

Current Mailing Address:

2300 LAKEVIEW PKWY
SUITE 275
ALPHARETTA, GA 30004 US

FEI Number: 51-0356077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLEMING, BRIAN C
1201 BRICKELL AVENUE
8TH FLOOR
MIAMI, FL 33131 US

New Principal Place of Business:

10 INDUSTRIAL HWY. AIRPORT BUS. COM.
SUITE 202
LESTER, PA 19113 US

New Mailing Address:

2400 LAKEVIEW PKWY
SUITE 475
ALPHARETTA, GA 30009 US

Name and Address of New Registered Agent:

FLEMING, BRIAN C
4845 ALDER DRIVE
UNIT D
WEST PALM BEACH, FL 33417 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: BRIAN FLEMING

03/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: FLEMING, BRIAN
Address: 4845 D. ALDER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33417

Title: ST () Delete
Name: FLEMING, LORRIE D
Address: 2300 LAKEVIEW PKWY STE 275
City-St-Zip: ALPHARETTA, GA 30004

Title: O () Delete
Name: FLEMING, JOHN J III
Address: 2300 LAKEVIEW PKWY STE 275
City-St-Zip: ALPHARETTA, GA 30004

Title: VP (X) Delete
Name: LYONS, LINDA
Address: 10 INDUS BLV. AIR BUS. COMP.
City-St-Zip: PHILADELPHIA, PA 19113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OFF (X) Change () Addition
Name: FLEMING, JOHN J OFFICER
Address: 2400 LAKEVIEW PARKWAY, SUITE 475
City-St-Zip: ALPHARETTA, GA 30009

Title: CFO (X) Change () Addition
Name: FLEMING, LORRIE D CFO
Address: 2400 LAKEVIEW PKWY STE 475
City-St-Zip: ALPHARETTA, GA 30009

Title: SEC (X) Change () Addition
Name: FLEMING, BRIAN C SEC
Address: 4845 ALDER DRIVE UNIT D
City-St-Zip: WEST PALM BEACH, FL 33417

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN J. FLEMING

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03/05/2009

Electronic Signature of Signing Officer or Director

Date