2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003736

Entity Name: ALLIED CONVENTION SERVICE, INC.

FILED Feb 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2502 LAKE ORANGE DR ORLANDO, FL 32837 **Current Mailing Address: New Mailing Address:** 2502 LAKE ORANGE DR ORLANDO, FL 32837 FEI Number: 59-2942140 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: CFRA, LLC CORPORATE CENTER THREE AT INT'L PLAZA 4221 W. BOY SCOUT BLVD, 10TH FLOOR TAMPA, FL 336075736 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: () Delete () Change () Addition PREMONE, CHARLES T Name: Name: 2502 LAKE ORANGE DR Address: Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: VD Title: Title: () Delete (X) Change () Addition MCNEILL, JAMES H MCNEILL, JAMES H Name: Name: 2211 BROADWAY, N.E. 2211 BROADWAY, N.E. Address: Address: MINNEAPOLIS, MN MINNEAPOLIS, MN 55413 City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: CAHILL, GEORGE F CAHILL, GEORGE F Name: Name: ONE CENTER PLAZA ONE CENTER PLAZA Address: Address: City-St-Zip: BOSTON, MA City-St-Zip: BOSTON, MA 02108 Title: () Delete Title: () Change () Addition MCNEILL, EDWARD J Name: Name: Address: 8346 LAKE BURDEN CIRCLE Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: Title: Title: () Delete (X) Change () Addition CASEY, TIMOTHY C Name: CASEY, TIMOTHY C Name: 176 LINCOLN STREET Address: 176 LINCOLN STREET Address: City-St-Zip: BRIGHTON, MA City-St-Zip: BRIGHTON, MA 02135 Title: () Delete Title: (X) Change () Addition CASEY, JOHN E CASEY, JOHN C Name: Name: 460 FERUSALEM RD 460 JERUSALEM RD Address: Address: City-St-Zip: COHASSET, MA 02025 City-St-Zip: COHASSET, MA 02025

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: CHARLES T. PREMONE PRES 02/23/2009