2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# F96000000054

Entity Name: AMATEUR ATHLETIC UNION OF THE UNITED STATES, INC.

Current Principal Place of Business:

1910 HOTEL PLAZA BLVD
LAKE BUENA VISTA, FL 328301000

New Principal Place of Business:

Current Mailing Address:

PO BOX 10000
LAKE BUENA VISTA, FL 328301000

New Mailing Address:

FEI Number: 35-6057862 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DODD, BOBBY
1910 HOTEL PLAZA BLVD
LAKE BUENA VISTA, FL 32830 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: PD ( ) Delete
Name: DODD, BOBBY
Address: 3885 S. PERKINS ROAD, STE 9
City-St-Zip: MEMPHIS, TN 38118

Title: VD ( ) Delete
Name: STOUT, LOUIS
Address: 2828 DAN PATCH
City-St-Zip: LEXINGTON, KY 40511

Title: SD ( ) Delete
Name: GOUDY, ROGER
Address: 31425 ARTHUR RD.
City-St-Zip: SOLON, OH

Title: TD ( ) Delete
Name: CRAWFORD, RON
Address: 115 CARNAHAN STE 2
City-St-Zip: MAUMELLE, AR 72113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT DODD PD 04/16/2009

Electronic Signature of Signing Officer or Director — Date