

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005137

FILED
Mar 17, 2009
Secretary of State

Entity Name: BLUE TEE CORP.

Current Principal Place of Business:

250 PARK AVE S., 2ND FLOOR
NEW YORK, NY 10003

New Principal Place of Business:

Current Mailing Address:

250 PARK AVE S., 2ND FLOOR
NEW YORK, NY 10003

New Mailing Address:

FEI Number: 13-2925766 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COBD () Delete
Name: SECRIST, RICHARD A
Address: 18 BROAD STREET
City-St-Zip: CHARLESTON, SC 29401

Title: CEO () Delete
Name: SECRIST, RICHARD A
Address: 18 BROAD STREET
City-St-Zip: CHARLESTON, SC 29401

Title: PDC () Delete
Name: KELLY, WILLIAM M
Address: 349 STERLING RD
City-St-Zip: HARRISON, NY 10528

Title: D () Delete
Name: SPINE, RICHARD C
Address: 135 HERBERT RD.
City-St-Zip: CORAOPOLIS, PA 15108

Title: O () Delete
Name: HAMLIN, BRIAN
Address: 367 DONGAN HILLS AVE
City-St-Zip: STATEN ISLAND, NY 10305

Title: SRVP () Delete
Name: ALLDIAN, DAVID P
Address: 641 POINT AVE
City-St-Zip: BRICK, NJ 08724

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

SIGNATURE: BRIAN HAMLIN

_____ Electronic Signature of Signing Officer or Director

O

03/17/2009

_____ Date