2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000961

Entity Name: MERRITT & HARRIS, INC.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 90 JOHN ST SUITE 503 NEW YORK, NY 100383241 **Current Mailing Address: New Mailing Address:** 90 JOHN ST SUITE 503 NEW YORK, NY 100383241 FEI Number: 13-2644494 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: BLANTON, EDWIN F 810 THOMASVILLE ROAD US TALLAHASSEE, FL 32303 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: PDC () Delete Title: (X) Change () Addition RICHARD, THOMAS C. RICHARD, THOMAS C Name: Name: 90 JOHN ST SUITE 503 90 JOHN ST SUITE 503 Address: Address: City-St-Zip: NEW YORK, NY 100383241 City-St-Zip: NEW YORK, NY 100383241 Title: Title: () Delete (X) Change () Addition WEILAND, ROBERT G Name: WEILAND, ROBERT G. Name: 90 JOHN ST SUITE 503 90 JOHN ST SUITE 503 Address: Address: NEW YORK, NY 100383241 NEW YORK, NY 100383241 City-St-Zip: City-St-Zip: Title: STDV () Delete Title: () Change () Addition DOODY, WILLIAM J Name: Name: 90 JOHN ST SUITE 503 Address: Address: City-St-Zip: NEW YORK, NY 100383241 City-St-Zip: Title: () Delete Title: () Change () Addition ROWLAND, CORNELIUS A. Name: Name: Address: 90 JOHN ST SUITE 503 Address: City-St-Zip: NEW YORK, NY 100383241 City-St-Zip: Title: Title: () Delete COO () Change (X) Addition Name: Name: KRATSIOS, EMMANUEL P Address: 90 JOHN STREET SUITE 503 Address: City-St-Zip: City-St-Zip: NEW YORK, NY 100383241

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: WILLIAM J. DOODY STDV 01/14/2009