

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005624

FILED
Apr 07, 2011
Secretary of State

Entity Name: POST GP HOLDINGS, INC.

Current Principal Place of Business:

4401 NORTHSIDE PARKWAY
SUITE 800
ATLANTA, GA 30327

New Principal Place of Business:

Current Mailing Address:

4401 NORTHSIDE PARKWAY
SUITE 800
ATLANTA, GA 30327

New Mailing Address:

FEI Number: 58-2348868 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: CEO
Name: STOCKERT, DAVID P
Address: 4401 NORTHSIDE PARKWAY SUITE 800
City-St-Zip: ATLANTA, GA 30327

Title: CFO
Name: PAPA, CHRISTOPHER J
Address: 4401 NORTHSIDE PARKWAY, SUITE 800
City-St-Zip: ATLANTA, GA 30327

Title: SECT
Name: COHEN, SHERRY W
Address: 4401 NORTHSIDE PARKWAY, SUITE 800
City-St-Zip: ATLANTA, GA 30327

Title: DIR
Name: GODDARD III, ROBERT C
Address: 4401 NORTHSIDE PARKWAY, SUITE 800
City-St-Zip: ATLANTA, GA 30327

Title: DIR
Name: BLOOM, HERSCHEL M
Address: 4401 NORTHSIDE PARKWAY SUITE 800
City-St-Zip: ATLANTA, GA 30327

Title: DIR
Name: FRENCH, RUSSELL R
Address: 4401 NORTHSIDE PARKWAY, SUITE 800
City-St-Zip: ATLANTA, GA 30327

I hereby 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 all other like empowered.

SIGNATURE: SHERRY W. COHEN

SECT

04/07/2011

Electronic Signature of Signing Officer or Director

_____ Date