2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# F99000000535

Entity Name: MORRISON HERSHFIELD CORPORATION

Current Principal Place of Business:

66 PERIMETER CENTER E
SUITE 600
ATLANTA, GA 30346

New Principal Place of Business:

Current Mailing Address:

2 SOUTH UNIVERSITY CTR
#245
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 98-0160972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	P	( ) Delete
Name:	GAZZOLA, EDWARD A	
Address:	66 PERIMETER CENTER E	
City-St-Zip:	ATLANTA, GA 30346	
Title:	P	( ) Delete
Name:	MILLER, BRUCE	
Address:	300-6807 RAILWAY STREET SE	
City-St-Zip:	CALGARY, AB T2G 4B3	
Title:	CEO	( ) Delete
Name:	WILSON, RONALD J	
Address:	235 YORKLAND BLVD, SUITE 600	
City-St-Zip:	TORONTO, ON M2J 1T1	
Title:	D	( ) Delete
Name:	KARAKATSANIS, ANTHONY L	
Address:	235 YORKLAND BLVD, SUITE 600	
City-St-Zip:	TORONTO, ON M2J 1T1	
Title:	S	( ) Delete
Name:	CARRIERE, JEAN R	
Address:	235 YORKLAND BLVD, SUITE 600	
City-St-Zip:	TORONTO, ON M2J 1T1	
Title:	T	( ) Delete
Name:	WANG, YAN	
Address:	2 SOUTH UNIVERSITY DRIVE, SUITE 245	
City-St-Zip:	PLANTATION, FL 33324	

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:	
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: ED GAZZOLA P 01/16/2009

Electronic Signature of Signing Officer or Director — Date