2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G23570

Entity Name: CRF MANAGEMENT CO., INC.

Current Principal Place of Business:	**New Principal Place of Business:**

500 S. FLORIDA AVE
SUITE 700
LAKELAND, FL 33801   US

Current Mailing Address:	**New Mailing Address:**

500 S. FLORIDA AVE
SUITE 700
LAKELAND, FL 33801   US

FEI Number: 59-2254019   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**

MCFARLANE, PETER A ESQ
500 S. FLORIDA AVE
SUITE 700
LAKELAND, FL 33801 US

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: DP
Name: MAXWELL, LAWRENCE W
Address: 500 S FLORIDA AVENUE SUITE 700
City-St-Zip: LAKELAND, FL 33801

Title: VP
Name: LEE, JIM D
Address: 500 S. FLORIDA AVENUE SUITE 700
City-St-Zip: LAKELAND, FL

Title: STVP
Name: FALK, BENJAMIN
Address: 500 S. FLORIDA AVENUE SUITE 700
City-St-Zip: LAKELAND, FL

Title: VP
Name: SCHREIBER, MARK E
Address: 500 S. FLORIDA AVENUE, #700
City-St-Zip: LAKELAND, FL 33801

Title: VP
Name: BOSCARINO, CHARLIE
Address: 500 S. FLORIDA AVE SUITE 700
City-St-Zip: LAKELAND, FL 33801

Title: AT
Name: KELLEY, KIM S
Address: 500 S. FLORIDA AVENUE SUITE 700
City-St-Zip: LAKELAND, FL 33801

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: LAWRENCE W. MAXWELL   DP   08/05/2010

Electronic Signature of Signing Officer or Director   Date