

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H15870

FILED
Jan 14, 2009
Secretary of State

Entity Name: PEQUOT CAPITAL SOUTH, INC.

Current Principal Place of Business:

1300 POST ROAD EAST
WESTPORT, CT 06880 US

New Principal Place of Business:

Current Mailing Address:

1300 POST RD EAST
WESTPORT, CT 06880 US

New Mailing Address:

1300 POST ROAD EAST
WESTPORT, CT 06880 US

FEI Number: 58-1597977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACARI, JOHN A
C/O GULF SHORE ASSOCIATES
801 LAUREL OAK DR
NAPLES, FL 34108 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: C () Delete
Name: KLEBAN, ALBERT J
Address: 1300 POST ROAD EAST
City-St-Zip: WESTPORT, CT 06880

Title: V () Delete
Name: DARDANI, THOMAS E
Address: 2425 POST ROAD
City-St-Zip: SOUTHPORT, CT

Title: S () Delete
Name: SAFT, STEPHEN J
Address: 1300 POST ROAD EAST
City-St-Zip: WESTPORT, CT 06880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: DARDANI, THOMAS E
Address: 1300 POST ROAD EAST
City-St-Zip: WESTPORT, CT 06880

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: ALBERT J KLEBAN

CHMN

01/14/2009

Electronic Signature of Signing Officer or Director

Date