2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H17025

Entity Name: SUDDATH RELOCATION SERVICES, INC.

FILED Feb 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 815 S MAIN ST, 6TH FLOOR 815 S MAIN ST ATTN: LORI EISCHEN ATTN: LORI EISCHEN JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 32207 US **Current Mailing Address: New Mailing Address:** PO BOX 48088 ATTN: LORI EISCHEN JACKSONVILE, FL 32247 US FEI Number: 59-2443125 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: BARNETT, JAMES G BARNETT, JAMES G 815 S MAIN ST 815 S MAIN ST JACKSONVILLE, FL 32207 6TH FLOOR US JACKSONVILLE, FL 32207 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: 02/25/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition KELLY, SCOTT Name: Name: 815 S MAIN ST Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: Title: Title: () Delete () Change () Addition SUDDATH, STEPHEN M Name: Name: 815 S MAIN ST Address: Address: JACKSONVILLE, FL 32207 City-St-Zip: City-St-Zip: Title: VPD Title: () Delete VD. (X) Change () Addition BARNETT, JAMES G BARNETT, JAMES G Name: Name: 815 S MAIN ST 815 S MAIN ST Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32207 Title: () Delete Title: (X) Change () Addition STRICKLAND, BARBARA S WOODALL, DEBORAH Name: Name: Address: 815 S. MAIN ST. Address: 815 S MAIN ST City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32207 Title: Title: () Delete (X) Change () Addition VAUGHN, BARRY S Name: VAUGHN, BARRY S Name: 815 S. MAIN ST Address: 815 S MAIN ST Address: JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition STRICKLAND, BARBARA S Name: Name: Address: Address: 815 S MAIN ST City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32207

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: JAMES G. BARNETT VD 02/25/2009