2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J37348

Entity Name: REX CORPORATION

FILED Apr 01, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	ORT ROAD /ILLE, FL 3221	83906					
Current Mailing Address:				New Mailing Address:			
P.O. BOX 26329 JACKSONVILLE, FL 32226				201 BROAD STREET ONE CANTERBURY GREEN STAMFORD, CT 06901			
FEI Number: 59-2769876 FEI Number Applied For () FEI Num				nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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 Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:							
							JKS.
Title: Name: Address: City-St-Zip:	DP ()E HALL, Y. E. JR., 136 EASTPORT I JACKSONVILLE,			Title: Name: Address: City-St-Zip:	CEO (X) BURTON, ROBE 201 BROAD STE STAMFORD, CT	REET	
Title: Name: Address: City-St-Zip:	VP () E BRENNAN, PETE 136 EASTPOINT JACKSONVILLE,	RD.		Title: Name: Address: City-St-Zip:	CFO (X) HILTWEIN, MAR 201 BROAD STE STAMFORD, CT	REET	
Title: Name: Address: City-St-Zip:	D ()E BRYAN, CHRISTI 136 EASTPORT I JACKSONVILLE,	RD.		Title: Name: Address: City-St-Zip:	SECR (X) DAVIS, TIMOTH' 201 BROAD STE STAMFORD, CT	REET	
Title: Name: Address: City-St-Zip:	DT ()E SWINSON, GRET 136 EASTPORT I JACKSONVILLE,	ГСНЕN HA, LL RD.		Title: Name: Address: City-St-Zip:	TREA (X) LYNN, ROBERT 201 BROAD STE STAMFORD, CT	REET	
Title: Name: Address: City-St-Zip:	VP (X) [GAMBARDELLA, 136 EASTPORT I JACKSONVILLE,	ROAD		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VP (X) [WILSON, TOM E 136 EASTPORT I JACKSONVILLE,	ROAD		Title: Name: Address: City-St-Zip:	()	Change () Addition	

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: TIMOTHY M. DAVIS SECR 04/01/2009