

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J41871

FILED
Apr 26, 2011
Secretary of State

Entity Name: JS CAPITAL MANAGEMENT, INC.

Current Principal Place of Business:

851 SE MONTEREY COMMONS BLVD
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

851 SE MONTEREY COMMONS BLVD
STUART, FL 34996

New Mailing Address:

FEI Number: 59-2743838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, WILLIAM C
851 SE MONTEREY COMMONS BLVD
STUART, FL 34996 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

OFFICERS AND DIRECTORS:

Title: CHD
Name: SULLIVAN, JOHN W.
Address: 7211 SE GOLFHOUSE DR
City-St-Zip: HOBE SOUND, FL 33455

Title: VD
Name: SULLIVAN, SUSAN R.
Address: 7211 SE GOLFHOUSE DR
City-St-Zip: HOBE SOUND, FL 33455

Title: D
Name: SANFORD, JENNIFER SULLIVAN
Address: 1725 ATLANTIC AVENUE
City-St-Zip: CHARLESTON, SC 29482

Title: PD
Name: FOWLER, WILLIAM C
Address: 851 SE MONTEREY COMMONS BLVD
City-St-Zip: STUART, FL 34996

Title: D
Name: BOWEN, GIERIET S
Address: 721 MCLEAN AVE
City-St-Zip: KENILWORTH, IL 60043

Title: D
Name: SULLIVAN, JOHN W JR
Address: 377 WALNUT
City-St-Zip: WINNETKA, IL 60093

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: WILLIAM C. FOWLER

PRES

04/26/2011

Electronic Signature of Signing Officer or Director

Date