

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J60003

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: ADC LEGAL SYSTEMS, INC.

## Current Principal Place of Business:

1209 EDGEWATER DRIVE, SUITE 100  
1209 EDGEWATER DRIVE, SUITE 100  
ORLANDO, FL 328046385 US

## New Principal Place of Business:

## Current Mailing Address:

1209 EDGEWATER DRIVE, SUITE 100  
1209 EDGEWATER DRIVE, SUITE 100  
ORLANDO, FL 328046385 US

## New Mailing Address:

FEI Number: 59-2806302      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HELIN, MONTY  
1209 EDGEWATER DR  
STE 100  
ORLANDO, FL 32804 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: VD ( ) Delete  
Name: CHADWICK, LINDA  
Address: 1524 SEASONS PT. CT  
City-St-Zip: APOPKA, FL 32712

Title: PD ( ) Delete  
Name: HELIN, MONTY  
Address: 171 GOLF CLUB DR  
City-St-Zip: LONGWOOD, FL 32779

Title: VD ( ) Delete  
Name: WOODMAN, RICHARD  
Address: 206 YARMOUTH RD  
City-St-Zip: CASSELBERRY, FL 32730

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MONTY HELIN

PD

03/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date