

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L21413

FILED
Mar 23, 2009
Secretary of State

Entity Name: VAN DALE CORPORATION

Current Principal Place of Business:

975 CYPRESS DRIVE
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

975 CYPRESS DRIVE
DELRAY BEACH, FL 33483 US

New Mailing Address:

FEI Number: 65-0148710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POPIK, DALE E P
975 CYPRESS DR
DELRAY BCH., FL 33483 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: P () Delete
Name: POPIK, DALE E P
Address: 975 CYPRESS DR
City-St-Zip: DELRAY BCH., FL 33483

Title: VP () Delete
Name: MAY, VANESSA VP
Address: 975 CYPRESS DR
City-St-Zip: DELRAY BEACH, FL 33483

Title: SEC () Delete
Name: SEROTA, JESSICA A SEC
Address: 260 N. COUNTRY CLUB BLVD.
City-St-Zip: BOCA RATON, FL 33487

Title: TREA () Delete
Name: POPIK, KRISTINA M TREASUR
Address: 111 STONE HARBOR WAY, UNIT C
City-St-Zip: DELRAY BEACH, FL 33444 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: POPIK, DALE E P
Address: 975 CYPRESS DR
City-St-Zip: DELRAY BEACH, FL 33483

Title: VP (X) Change () Addition
Name: POPIK, VANESSA VP
Address: 975 CYPRESS DR
City-St-Zip: DELRAY BEACH, FL 33483

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

Title: TREA (X) Change () Addition
Name: FREY, KRISTINA M TREASUR
Address: 111 STONE HARBOR WAY, UNIT C
City-St-Zip: DELRAY BEACH, FL 33444 US

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: KRISTINA FREY

TREA

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date