2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L80237

ODL CLA OKOONIVALLE INIO

FILED Mar 30, 2009 Secretary of State

Entity Nai	me: CBL/JAC	ASONVILLE, INC.				
Current P	rincipal Place	of Business:	New Principal Place of Business:			
	ILTON PLACE IOOGA, TN 37	BLVD. SUITE 500 4216000 US				
Current Mailing Address:			New Mailing Address:			
	ILTON PLACE IOOGA, TN 37	BLVD. SUITE 500 4216000 US				
FEI Number: 62-1435946 FE		FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address o	of New Registered Agent:	
1201 HAYS	ATION SERVIC S STREET SSEE, FL 3230					
	named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATU						
	Electron	ic Signature of Registered Age	ent		Date	
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	LEBOVITZ, CHA 2030 HAMILTO	Delete ARLES B. N PLACE BLVD,STE 500 A, TN 374216000	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	STEPHAS, GUS 2030 HAMILTO	Delete S N PLACE BLVD,STE 500 A, TN 374216000	Title: Name: Address: City-St-Zip:		(X) Change () Addition GUS .TON PLACE BLVD,STE 500 OGA, TN 374216000 US	
Title: Name: Address: City-St-Zip:	FOY, JOHN N 2030 HAMILTO	Delete N PLACE BLVD,STE 500 A, TN 374216000	Title: Name: Address: City-St-Zip:		(X) Change () Addition N .TON PLACE BLVD,STE 500 OGA, TN 374216000 US	
Title: Name: Address: City-St-Zip:	LANDRESS, BE 2030 HAMILTO	Delete IN N PLACE BLVD,STE 500 A, TN 374216000	Title: Name: Address: City-St-Zip:		(X) Change () Addition , BEN .TON PLACE BLVD,STE 500 OGA, TN 374216000 US	
Title: Name: Address:	LEBOVITZ, STE	Delete PHEN D FR., 800 SOUTH ST., STE. 395	Title: Name: Address:	,	(X) Change()Addition STEPHEN D L CTR., 800 SOUTH ST., STE. 395	

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.

City-St-Zip: WALTHAM, MA 024531457 US

SIGNATURE: CHRISTOPHER A. PRICE **ASEC** 03/30/2009

City-St-Zip: WALTHAM, MA 024531436