2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 22, 2009
Secretary of State

DOCUMENT# M80210

Entity Name: THE HERRICK COMPANY, INC.

Current Principal Place of Business:

NORTON HERRICK
2295 CORPORATE BOULEVARD N W
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

NORTON HERRICK
2295 CORPORATE BLVD STE N W STE 222
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 65-0050161 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERRICK, NORTON
2295 CORPORATE BLVD., N.W.
SUITE 222
BOCA RATON, FL 33431 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: AS ( ) Delete
Name: BLEVINS, VICTORIA
Address: 2295 CORPORATE BLVD., STE. 222
City-St-Zip: BOCA RATON, FL 33431

Title: CED ( ) Delete
Name: HERRICK, NORTON
Address: 2295 CORPORATE BLVD., STE. 222
City-St-Zip: BOCA RATON, FL 33431

Title: VPAS ( ) Delete
Name: HERRICK, HOWARD
Address: 2 RIDGEDALE AVE
City-St-Zip: CEDAR KNOLLS, NJ 07927

Title: PS ( ) Delete
Name: HERRICK, MICHAEL
Address: 2 RIDGEDALE AVE
City-St-Zip: CEDAR KNOLLS, NJ 07927

Title: VP ( ) Delete
Name: HERRICK, EVAN
Address: 2 RIDGEDALE AVE., STE. 370
City-St-Zip: CEDAR KNOLLS, NJ 07927

Title: T ( ) Delete
Name: KERMALLI, NISAR
Address: 2 RIDGEDALE AVE
City-St-Zip: CEDAR KNOLLS, NJ 07927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CCED (X) Change ( ) Addition
Name: HERRICK, NORTON
Address: 2295 CORPORATE BLVD., STE. 222
City-St-Zip: BOCA RATON, FL 33431

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

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: NISAR KERMALLI T 09/22/2009

Electronic Signature of Signing Officer or Director — Date