

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# M88463

Entity Name: MCAFEE MANDARIN, INC.

**FILED**  
**Nov 24, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

12646 SAN JOSE BOULEVARD  
JACKSONVILLE, FL 32223 US

**New Principal Place of Business:**

**Current Mailing Address:**

12646 SAN JOSE BOULEVARD  
JACKSONVILLE, FL 32223 US

**New Mailing Address:**

FEI Number: 59-2900029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONTEGA BUSINESS SERVICES, LLC  
554 LOMAX STREET  
JACKSONVILLE, FL 32204 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: DP ( ) Delete  
Name: MCAFEE, ROBERT S  
Address: 12646 SAN JOSE BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: DVT ( ) Delete  
Name: MCAFEE, ANN C  
Address: 12646 SAN JOSE BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: V ( ) Delete  
Name: SMITH, RANIA  
Address: 12646 SAN JOSE BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: AVP (X) Change ( ) Addition  
Name: SMITH, GERALD  
Address: 12646 SAN JOSE BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32223

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: ROBERT S. MCAFEE

DP

11/24/2008

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

\_\_\_\_\_  
Date