2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005994

FILED Mar 17, 2009 Secretary of State

Entity Name: FLORIDA WATER POLLUTION CONTROL FINANCING CORPORATION

Current Principal Place of Business: New Principal Place of Business: C/O STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BLVD TALLAHASSEE, FL 32308 **New Mailing Address: Current Mailing Address:** C/O STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BLVD TALLAHASSEE, FL 32308 FEI Number: 59-3714482 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BEENCK, THOMAS A C/O STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BLVD TALLAHASSEE, FL 32308 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MCDANIEL, JERRY Name: Name: EXECUTIVE OFF OF GOVERNOR RM 1601 Address: Address: City-St-Zip: TALLAHASSEE, FL 32399 City-St-Zip: Title: () Delete Title: () Change () Addition SINK, ALEX Name: Name: Address: 200 E GAINES ST Address: City-St-Zip: TALLAHASSE, FL 323990300 City-St-Zip: Title: () Delete Title: () Change () Addition SIGRIST, KEVIN Name: Name: 1801 HERMITAGE BLVD SUITE 100 Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: (X) Change () Addition Title: CEO () Delete Title: CFO Name: MILLIGAN, ROBERT E Name: WILLIAMS, ASHBEL C 1801 HERMITAGE BOULEVARD, SUITE 100 Address: 1801 HERMITAGE BOULEVARD, SUITE 100 Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32308 Title: () Delete Title: (X) Change () Addition BEENCK, THOMAS A BEENCK, THOMAS A Name: Name: 475 MERLIN WAY 1801 HERMITAGE BOULEVARD, SUITE 100 Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32301 Title: () Delete Title: () Change () Addition SOLE. MICHAEL Name: Name: Address: 3900 COMMONWEALTH BVLD MS49 Address: TALLAHASSEE, FL 32399 City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A. BEENCK S 03/17/2009