

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008085

FILED
Apr 10, 2009
Secretary of State

Entity Name: AMERICAN MANUFACTURERS WARRANTY ASSOCIATION, INC.

Current Principal Place of Business:

1615 VILLAGE SQUARE BLVD
SUITE 7
TALLAHASSEE, FL 323092769

New Principal Place of Business:

Current Mailing Address:

1615 VILLAGE SQUARE BLVD.
SUITE 7
TALLAHASSEE, FL 323092769

New Mailing Address:

FEI Number: 59-3690751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, A KENNETH
1615 VILLAGE SQUARE BLVD
SUITE 7
TALLAHASSEE, FL 323092769 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: D () Delete
Name: LEVINE, SHERI I
Address: 1615 VILLAGE SQUARE BLVD., SUITE 7
City-St-Zip: TALLAHASSEE, FL 323092769

Title: D () Delete
Name: KAPLAN, MATT
Address: 3130 WILSHIRE BOULEVARD., STE 555
City-St-Zip: SANTA MONICA, CA 40403

Title: D () Delete
Name: HOLTZ, LAURIE S
Address: ONE S.E. THIRD AVE., 10TH FL
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERI LEVINE

D

04/10/2009

Electronic Signature of Signing Officer or Director

Date