

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001453

FILED
Mar 17, 2011
Secretary of State

Entity Name: TURNAROUND MANAGEMENT ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

C/O MESIROW FINANCIAL
2 SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

TURNAROUND MANAGEMEN ASSOC. OF FLORIDA
P.O. BOX 460939
FORT LAUDERDALE, FL 33346 US

New Mailing Address:

FEI Number: 65-1089785 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMITH, SUSAN
2 SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131 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: P
Name: SMITH, SUSAN A
Address: P.O. BOX 460939
City-St-Zip: FORT LAUDERDALE, FL 33346 US

Title: VP
Name: BAUCK, LYLE
Address: P.O. BOX 460939
City-St-Zip: FORT LAUDERDALE, FL 33346 US

Title: T
Name: SIM, BRUCE
Address: P.O. BOX 460939
City-St-Zip: FORT LAUDERDALE, FL 33346 US

Title: VP
Name: FULTZ, CHARLES
Address: P.O. BOX 460939
City-St-Zip: FORT LAUDERDALE, FL 33346 US

Title: VP
Name: RAMASSAR, PORTIA
Address: P.O. BOX 460939
City-St-Zip: FORT LAUDERDALE, FL 33346 US

Title: VP
Name: WELKER, ROGER
Address: P.O. BOX 460939
City-St-Zip: FORT LAUDERDALE, FL 33346 US

I hereby 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 all other like empowered.

SIGNATURE: LYLE BAUCK

VP

03/17/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date