

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003051

FILED
Apr 29, 2009
Secretary of State

Entity Name: MARATHON OF THE PALM BEACHES, INC.

Current Principal Place of Business:

401 NORTH FLAGLER DRIVE
C/O DENNIS GRADY
WEST PALM BEACH, FL 33401

Current Mailing Address:

401 NORTH FLAGLER DRIVE
C/O DENNIS GRADY
WEST PALM BEACH, FL 33401

New Principal Place of Business:

401 NORTH FLAGLER DRIVE
C/O IVA GRADY
WEST PALM BEACH, FL 33401

New Mailing Address:

401 NORTH FLAGLER DRIVE
C/O IVA GRADY
WEST PALM BEACH, FL 33401

FEI Number: 26-4392609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRADY, DENNIS
401 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

DANIEL, O'DONNELL
401 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401 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: DANIEL O'DONNELL

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CE () Delete
Name: ELIHOW, MARK
Address: PO BOX 3505
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PC (X) Delete
Name: LINK, WENDY
Address: ACKERMAN ETAL, 222 LAKEVIEW AVE., #1330
City-St-Zip: WEST PALM BEACH, FL 33401

Title: C (X) Delete
Name: GLASS, CLINT
Address: 4 HARVARD CIRCLE, SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33409

Title: P (X) Delete
Name: GRADY, DENNIS
Address: 401 NORTH FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T (X) Delete
Name: DE WOODY, DON
Address: P.O. BOX 1625
City-St-Zip: WEST PALM BEACH, FL 33401

Title: GC (X) Delete
Name: DIFFENDERFER, MICHELLE
Address: 1700 PALM BEACH LAKES BLVD
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BDO ACQUISITION, LLC
Address: 980 N. MICHIGAN AVE., SUITE 1880
City-St-Zip: CHICAGO, IL 60611

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

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

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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: DANIEL O'DONNELL

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date