2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004850

FILED Jan 23, 2009 Secretary of State

Entity Name: TAMPA BAY TECHNOLOGY LEADERSHIP ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O UNIVERSITY OF TAMPA (UT BOX 91F) 401 W. KENNEDY BOULEVARD TAMPA, FL 33606 **New Mailing Address: Current Mailing Address:** C/O UNIVERSITY OF TAMPA (UT BOX 91F) 401 W. KENNEDY BOULEVARD TAMPA, FL 33606 FEI Number: 59-3744168 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: TALSONE, NICHOLAS ESQUIRE 2536 COUNTRYSIDE BLVD, SUITE E CLEARWATER, FL 33763 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 (X) Change () Addition ASCANI, DAVE SCAFF, MARVIN Name: Name: 2808 WINDING TRAIL DRIVE Address: 425 S ORLEANS AVE Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: TAMPA, FL 33606 Title: () Delete Title: (X) Change () Addition CHALLEN, VIVIAN M Name: GALLAGHER, PATRICK D Name: Address: 3912 BELLWATER BLVD Address: 5122 MANCHESTER CT # 107 City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: PALM HARBOR, FL 34685 Title: VD. () Delete Title: (X) Change () Addition MCCOY, MARY WEBB, HAROLD W Name: Name: 6702 CAMDEN BAY DRIVE Address: Address: 18215 TALDECO PL City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647 (X) Change () Addition Title: SD () Delete Title: SD Name: WEBB, HAROLD W Name: CLAYPOOL, ALAN 18215 TALDECO PLACE Address: Address: 2305 EAGLES WATCH DR City-St-Zip: TAMPA, FL 33647 City-St-Zip: LAND O LAKES, FL 34639 Title: () Delete Title: () Change () Addition BROWN, CINDY Name: Name: 2352 BARKWOOD PASS Address: Address: City-St-Zip: CLEARWATER, FL 33763 City-St-Zip: Title: (X) Delete Title: () Change () Addition STEWART, COLE D Name: Name: Address: 9305 MERLOT CIRCLE Address: SEFFNER, FL 33584 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: PATRICK D. GALLAGHER TD 01/23/2009