2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2010
Secretary of State

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Entity Name: FSU COM/WEST COAST, INC.

Current Principal Place of Business:

THE FLORIDA STATE UNIVERSITY
424 WESTCOTT BUILDING
TALLAHASSEE, FL 323061400

New Principal Place of Business:

Current Mailing Address:

THE FLORIDA STATE UNIVERSITY
424 WESTCOTT BUILDING
TALLAHASSEE, FL 323061400

New Mailing Address:

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

Name and Address of Current Registered Agent:

STEFFENS, BETTY
THE FLORIDA STATE UNIVERSITY
424 WESTCOTT BUILDING
TALLAHASSEE, FL 323061400 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: RCD
Name: BERG, BRUCE H MD
Address: 201 COCOANUT AVENUE
City-St-Zip: SARASOTA, FL 34236

Title: SADA
Name: LITTLES, ALMA MD
Address: 1115 WEST CALL STREET
City-St-Zip: TALLAHASSEE, FL 323064300

Title: DCCR
Name: HILL, MOLLIE H
Address: 1115 WEST CALL STREET
City-St-Zip: TALLAHASSEE, FL 323064300

Title: SCMS
Name: BRIGHT, ADAM MD
Address: 2800 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: P
Name: DABNEY, THOMAS G II
Address: 2033 WOOD STREET #118
City-St-Zip: SARASOTA, FL 34237

Title: ME
Name: GODMAN, HEIDI
Address: 1477 TENTH STREET
City-St-Zip: SARASOTA, FL 34236

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: MOLLIE H. HILL DCCR 03/11/2010
Electronic Signature of Signing Officer or Director — Date