2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N03000011060

Entity Name: TALLAHASSEE RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

1300 MEDICAL DR
3RD FLOOR
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1300 MEDICAL DR
3RD FLOOR
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 20-0570151 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GOLDBERG, STUART E
2039 CENTRE POINTE BLVD
SUITE 201
TALLAHASSEE, FL 32308 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:	VD	( ) Delete
Name:	KATOPODIS, JOHN N	
Address:	3842 E MILLER'S BRIDGE RD	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	D	( ) Delete
Name:	COX, MARILYN M	
Address:	3842 E MILLER'S BRIDGE RD	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	SD	( ) Delete
Name:	SMITH, DAVID W	
Address:	3340 CHARLESTON RD	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	PD	( ) Delete
Name:	BATCHELOR, WAYNE B	
Address:	1539 FERNANDO DR	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	TD	( ) Delete
Name:	GHAI, AKASH	
Address:	3700 C.C. SE 1023	
City-St-Zip:	TALLAHASSEE, FL 32311	

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:	
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: STUART E. GOLDBERG RA 04/20/2009

Electronic Signature of Signing Officer or Director — Date