## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000002198

FILED Feb 03, 2010 Secretary of State

Entity Name: FLORIDA INSTITUTE FOR HUMAN AND MACHINE COGNITION INC.

Current Principal Place of Business: New Principal Place of Business:

40 S ALCANIZ ST PENSACOLA, FL 32502

Current Mailing Address: New Mailing Address:

40 S ALCANIZ ST PENSACOLA, FL 32502

FEI Number: 20-0760849 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHEPPARD, JULIE L 40 S ALCANIZ ST

PENSACOLA, FL 32502 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D

Name: CARLAN, CAROL H

Address: 4300 BAYOU BLVD., SUITE 31B City-St-Zip: PENSACOLA, FL 32503

Title: D

Name: CLARK, K C Address: 539 59TH AVE

City-St-Zip: ST. PETERSBURG, FL 33706

Title:

Name: FRANKLIN, EUGENE

Address: 1019 WEST BELMONT STREET City-St-Zip: PENSACOLA, FL 32501

Title:

Name: BAKER, DICK

Address: 3 WEST GARDEN STREET City-St-Zip: PENSACOLA, FL 32502

Title:

Name: DALTON, WILLIAM
Address: 12902 MAGNOLIA DRIVE
City-St-Zip: TAMPA, FL 33612

Title: [

Name: HART, CHARLES C

Address: 1580 WALDO PALMER LANE, SUITE 1

City-St-Zip: TALLAHASSEE, FL 32308

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: JULIE L. SHEPPARD S 02/03/2010