

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006256

FILED  
Jan 27, 2010  
Secretary of State

**Entity Name:** THE TALLAHASSEE SOUTHERN MODEL UNITED NATIONS, INC.

**Current Principal Place of Business:**

C/O DR. WILLIAM BENEDICKS  
T.C.C. 444 APPELYARD DRIVE  
TALLAHASSEE, FL 323042895

**New Principal Place of Business:**

C/O DR. THOMAS WALLER  
T.C.C. 444 APPELYARD DRIVE  
TALLAHASSEE, FL 323042895

**Current Mailing Address:**

C/O DR. WILLIAM BENEDICKS  
T.C.C. 444 APPELYARD DRIVE  
TALLAHASSEE, FL 323042895

**New Mailing Address:**

C/O DR. THOMAS WALLER  
T.C.C. 444 APPELYARD DRIVE  
TALLAHASSEE, FL 323042895

FEI Number: 20-1282211

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BENEDICKS, WILLIAM  
HISTORY/T.C.C.  
444 APPELYARD DRIVE  
TALLAHASSEE, FL 323042895 US

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

WALLER, THOMAS  
HSS/T.C.C.  
444 APPELYARD DRIVE  
TALLAHASSEE, FL 323042895 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: THOMAS WALLER

01/27/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RYAN, DOUGLAS  
Address: HSS/TCC 444 APPELYARD DRIVE  
City-St-Zip: TALLAHASSEE, FL 323042895

Title: STD  
Name: WALLER, THOMAS  
Address: HISTORY/TCC 444 APPELYARD DRIVE  
City-St-Zip: TALLAHASSEE, FL 323042895

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: THOMAS WALLER

STD

01/27/2010

Electronic Signature of Signing Officer or Director

Date