2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000902

FILED Mar 10, 2008 Secretary of State

Entity Name: FOREIGN TRADE ZONE NO. 79 BOARD, INC.

Current Principal Place of Business: New Principal Place of Business: 615 CHANNELSIDE DRIVE, SUITE 108 TAMPA, FL 33602 **Current Mailing Address: New Mailing Address:** P.O. BOX 420 TAMPA, FL 336010420 FEI Number: 20-2228490 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: SHUSTA, TIMOTHY P **SUITE 1900** 100 SOUTH ASHLEY DRIVE TAMPA, FL 336025311 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: P, D () Delete () Change () Addition SHUSTA, TIMOTHY P Name: Name: 100 S. ASHLEY DRIVE, SUITE 1900 Address: Address: City-St-Zip: TAMPA, FL 336025311 City-St-Zip: Title: () Delete Title: () Change () Addition COLINA, ADRIANA M Name: Name: Address: 306 E. JACKSON STREET, 2N. Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: VP,D () Delete Title: () Change () Addition GRAY, GENE Name: Name: Address: 601 E. KENNEDY BLVD. Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: () Delete Title: DA Title: () Change () Addition Name: THORINGTON, JOHN Name: 1101 CHANNELSIDE DRIVE Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: () Delete Title: (X) Change () Addition ELBE, GEORGE CARSON, TRUDY Name: Name: TAMPA INTERNATIONAL AIRPORT TAMPA INTERNATIONAL AIRPORT Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33602 Title: () Delete Title: (X) Change () Addition HUBERT MARIA ESCASENA. ALIETTE Name: Name: Address: 615 CHANNELSIDE DRIVE, SUITE 108 Address: 615 CHANNELSIDE DRIVE, SUITE 108 TAMPA, FL 33602 TAMPA, FL 33602 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: ALIETTE ESCASENA ST,D 03/10/2008