2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011906

Entity Name: BNI SUCCESS CHAPTER, INC

FILED Apr 27, 2009 Secretary of State

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

14345 SUNSET LANE FT LAUDERDALE, FL 33330

Current Mailing Address: New Mailing Address:

14345 SUNSET LN FORT LAUDERDALE, FL 33330

FEI Number: 20-3827993 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:

TRINGO, ANNMARIE 14345 SUNSET LN FORT LALIDERDALE FL

FORT LAUDERDALE, FL 33330 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:

Title: D/VP () Delete Title: D/VP (X) Change () Addition Name: THOMPSON, NICHOLAS Name: SCHWARTZ, JAY Address: 12545 ORANGE DR #503 Address: 8310 NW 16 STREET

 Address:
 12545 ORANGE DR #503
 Address:
 8310 NW 16 STREET

 City-St-Zip:
 DAVIE, FL 33330
 City-St-Zip:
 PEMBROKE PINES, FL 33024

Title: D/ST / \ Delete Title: / \ Change / \ Addition

Title: D/ST () Delete Title: () Change () Addition Name: TRINGO, ANNMARIE Name:

Address: 14345 SUNSET LN Address: City-St-Zip: FORT LAUDERDALE, FL 33330 City-St-Zip:

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 TANGRETI, FRANCES-ROCK
 Name:
 BEIDEMAN, MARK

 Address:
 7942 N.W. 109 LANE
 Address:
 18459 PINES BLVD #102

 City-St-Zip:
 PARKLAND, FL 33076
 City-St-Zip:
 PEMBROKE PINES, FL 33029

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: ANNMARIE TRINGO S/T 04/27/2009