

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002216

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** FLORIDA STATE UNIVERSITY MAGNET RESEARCH AND DEVELOPMENT, INCORPORATED

**Current Principal Place of Business:**

109 WESTCOTT BUILDING  
TALLAHASSEE, FL 323061300

**New Principal Place of Business:**

222 S. COPELAND ST.  
109 WESTCOTT BUILDING  
TALLAHASSEE, FL 323061300

**Current Mailing Address:**

109 WESTCOTT BUILDING  
TALLAHASSEE, FL 323061300

**New Mailing Address:**

222 S. COPELAND ST.  
109 WESTCOTT BUILDING  
TALLAHASSEE, FL 323061300

**FEI Number:** 13-4356779

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOUTHARD, ELIZABETH  
109 WESTCOTT BUILDING  
OFFICE OF RESEARCH  
TALLAHASSEE, FL 323061300 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: D ( ) Delete  
Name: WETHERELL, T.K.  
Address: 211 WESTCOTT BUILDING  
City-St-Zip: TALLAHASSEE, FL 32306

Title: DP ( ) Delete  
Name: KEMPER, KIRBY E  
Address: 550 LITCHFIELD ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: BOEBINGER, GREGORY  
Address: 9890 DEERLAKE EAST  
City-St-Zip: TALLAHASSEE, FL 32312

Title: DT ( ) Delete  
Name: FAIRHURST, BRIAN  
Address: 9014 WINGED FOOT DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311

Title: D ( ) Delete  
Name: BIRD, MARK  
Address: 8750 CABIN HALL ROAD  
City-St-Zip: TALLAHASSEE, FL 32311

Title: D ( ) Delete  
Name: BROOKS, JAMES  
Address: 315 KEEN BUILDING, FLORIDA STATE UNIVERSIT  
City-St-Zip: TALLAHASSEE, FL 323064350

**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:

Title: S (X) Change ( ) Addition  
Name: HODGES, BETH E  
Address: 109 WESTCOTT BLDG. FLORIDA STATE U.  
City-St-Zip: TALLAHASSEE, FL 323061330

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: BETH HODGES

S

03/23/2009

Electronic Signature of Signing Officer or Director

Date