2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N07000011796

Entity Name: PUBLIC POLICY NETWORK, INC.

Current Principal Place of Business:

1899 MILLERS LANDING ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

1899 MILLERS LANDING ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 26-1555732 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BREWSTER, JAMES A ATTORNE
541 NORTH MONROE STREET
SUITE 203
TALLAHASSEE, FL 32301 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:	PSTD	( ) Delete
Name:	SWAIN, JEFFREY V	
Address:	1899 MILLERS LANDING ROAD	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	D	( ) Delete
Name:	MARSHALL, J STANLEY	
Address:	5000 BRILL PT ROAD	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	D	( ) Delete
Name:	BRONSON, THOMAS E	
Address:	21355 SNOW HILL ROAD	
City-St-Zip:	BROOKSVILLE, FL 34601	
Title:	D	( ) Delete
Name:	MIXON, WAYNE	
Address:	2219 DEMERON ROAD	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	D	( ) Delete
Name:	BLUDNELL, JOHN	
Address:	2 LORD NORTH ST	
City-St-Zip:	WESTMINSTER,LONDON SWIP3LBUK, XX XX	
Title:	D	(X) Delete
Name:	REED, LARRY W	
Address:	140 W MAIN ST	
City-St-Zip:	MIDLAND, MI 48640	

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:	( ) Change ( ) Addition
Name:	
Address:	
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: JEFF SWAIN PRES 01/07/2009

Electronic Signature of Signing Officer or Director — Date