

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011319

FILED
Apr 09, 2009
Secretary of State

Entity Name: ITRACE FOUNDATION, INC.

Current Principal Place of Business:

C/O CHRISTOPHER MUSILLO 441 VINE STREET
3200 CAREW TOWER
CINCINNATI, OH 45202

New Principal Place of Business:

8201 PETERS RD
SUITE 1000
PLANTATION, FL 33324

Current Mailing Address:

C/O CHRISTOPHER MUSILLO 441 VINE STREET
3200 CAREW TOWER
CINCINNATI, OH 45202

New Mailing Address:

8201 PETERS RD
SUITE 1000
PLANTATION, FL 33324

FEI Number: 26-3889327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Change (X) Addition
Name: SLANE, MICHELLE
Address: 8201 PETERS RD STE 1000
City-St-Zip: PLANTATION, FL 33324 US

Title: D () Change (X) Addition
Name: MADAYAG, TOMAS M
Address: 8201 PETERS RD STE 1000
City-St-Zip: PLANTATION, FL 33324 US

Title: D () Change (X) Addition
Name: RAYA, MICHELE A
Address: 8201 PETERS RD STE 1000
City-St-Zip: PLANTATION, FL 33324 US

Title: D () Change (X) Addition
Name: LITT, JENNIFER
Address: 8201 PETERS RD STE 100
City-St-Zip: PLANTATION, FL 33324 US

Title: D () Change (X) Addition
Name: LABATE, ROSALIE M
Address: 8201 PETERS RD STE 1000
City-St-Zip: PLANTATION, FL 33324 US

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: AMY BROWN

AR

04/09/2009

Electronic Signature of Signing Officer or Director

Date