2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2011
Secretary of State

DOCUMENT# N14156

Entity Name: CENTER FOR SYSTEMATIC ENTOMOLOGY, INC.

Current Principal Place of Business:

3722 SW 19TH ST.
GAINESVILLE, FL 32608 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 141874
GAINESVILLE, FL 32614

New Mailing Address:

FEI Number: 59-2740566 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKELLEY, PAUL
3722 SW 19TH ST.
GAINESVILLE, FL 32608 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: T
Name: LOTT, DEBORAH
Address: P.O BOX 141874
City-St-Zip: GAINESVILLE, FL 32614

Title: P
Name: SKELLEY, PAUL
Address: P.O BOX 141874
City-St-Zip: GAINESVILLE, FL 32614

Title: D
Name: THOMAS, MIKE
Address: P.O BOX 141874
City-St-Zip: GAINESVILLE, FL 32614

Title: D
Name: STECK, GARY J.
Address: P.O BOX 141874
City-St-Zip: GAINESVILLE, FL 32614

Title: V
Name: SOURAKOV, ANDREI
Address: P.O BOX 141874
City-St-Zip: GAINESVILLE, FL 32614

Title: D
Name: EGER, JOE
Address: P.O BOX 141874
City-St-Zip: GAINESVILLE, FL 32614

I hereby 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 all other like empowered.

SIGNATURE: PAUL SKELLEY P 02/19/2011

Electronic Signature of Signing Officer or Director Date