2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28029

FILED Apr 30, 2009 Secretary of State

Entity Name: THE MAC ARTHUR SOCIETY IN THE UNITED STATES A BRANCH OF CLAN ARTHUR, INC.

| Current Principal Place of Business: | | | New Principal Plac | New Principal Place of Business: | |
|--|---|---|---|---|--|
| | IURST COMMO RST, NC 28370 | | | | |
| Current Mailing Address: | | | New Mailing Addre | New Mailing Address: | |
| P.O. BOX PINEHUR | (190 RST, NC 28370 |) | | | |
| FEI Numbei | r: 54-1195760 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | d Address of (| Current Registered Agent: | Name and Address | of New Registered Agent: | |
| 164 IVY L | BRENDA M AKES DR NVILLE, FL 32: | 259 US | | | |
| | e named entity te of Florida. | submits this statement for the p | ourpose of changing its register | ed office or registered agent, or both, | |
| SIGNATU | JRE: | | | | |
| | Electro | nic Signature of Registered Age | ent | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | MCARTHUR, F P.O. BOX 190 | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: | VD (STEWART, SO |) Delete OTT | Title: Name: | () Change () Addition | |
| Name: Address: | 6418 CALLE A TUCSON, AZ | | Address: City-St-Zip: | | |
| Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: | TUCSON, AZ (VD (MCARTHUR, E PO BOX 190 | 857105234) Delete ANIEL L DR | | () Change () Addition | |
| Name: Address: City-St-Zip: Title: Name: Address: | TUCSON, AZ O VD (MCARTHUR, E PO BOX 190 PINEHURST, N | B57105234) Delete ANIEL L DR IC 28370) Delete IE KE TERRACE | City-St-Zip: Title: Name: Address: | () Change () Addition () Change () Addition | |

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: FAITH H. MCARTHUR PD 04/30/2009