2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35718

FILED May 03, 2010 Secretary of State

Entity Name: AMERICAN INSTITUTE OF GRAPHIC ARTS, JACKSONVILLE CHAPTER, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O MARY FISHER DESIGN 1731 EMERSON STREET JACKSONVILLE, FL 32207

Current Mailing Address: New Mailing Address:

C/O MARY FISHER DESIGN 1731 EMERSON STREET JACKSONVILLE, FL 32207

FEI Number: 59-2958942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HOLCOMB, BRIAN P C/O PRINT RESOURCES 7400 BAYMEADOWS WAY, SITE 100 JACKSONVILLE, FL 32256 US

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: F

Name: ROSETE, VARICK

Address: C/O MARY FISHER DESIGN, 1731 EMERSON ST

City-St-Zip: JACKSONVILLE, FL 32207

Title: VP

Name: KURYCHI, KAREN

Address: C/O MARY FISHER DESIGN, 1731 EMERSON ST

City-St-Zip: JACKSONVILLE, FL 32207

Title: S

Name: HYDE, JEN

Address: C/O MARY FISHER DESIGN, 1731 EMERSON ST

City-St-Zip: JACKSONVILLE, FL 32207

Title: T

Name: HOLCOMB, BRIAN P

Address: 14951 WALDEN SPRINGS WAY, NO 508

City-St-Zip: JACKSONVILLE, FL 32258

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: BRIAN P HOLCOMB T 05/03/2010