

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 16, 2012
Secretary of State

DOCUMENT# N95000004629

Entity Name: C.A.U. CEDARS, INC.**Current Principal Place of Business:**1500 SOUTHERN CROSS LANE
BOYNTON BEACH, FL 33436 US**New Principal Place of Business:**9801 OLD BAY MEADOWS ROAD
JACKSONVILLE, FL 32256 US**Current Mailing Address:**122 EAST 42ND STREET
SUITE 3605
NEW YORK, NY 10168 US**New Mailing Address:****FEI Number:** 52-1949586 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
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: P
Name: BURNS, RICHARD F
Address: 122 EAST 42ND STREET, SUITE 3605
City-St-Zip: NEW YORK, NY 10168

Title: VP
Name: WIEDORFER, JOSEPH P
Address: 1090 VERMONT AVENUE, N.W., SUITE 400
City-St-Zip: WASHINGTON, DC 20005

Title: VP
Name: VACCARO, THOMAS
Address: 1090 VERMONT AVENUE, N.W., SUITE 400
City-St-Zip: WASHINGTON, DC 20005

Title: T
Name: PARKINSON, GARY J
Address: 122 EAST 42ND STREET, SUITE 3605
City-St-Zip: NEW YORK, NY 10168

Title: VP
Name: MITCHELL, FRED C
Address: 122 EAST 42ND STREET, SUITE 3605
City-St-Zip: NEW YORK, NY 10168

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: THOMAS VACCARO

VP

07/16/2012

Electronic Signature of Signing Officer or Director

Date