2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# N96000004664

Entity Name: INLAND PROTECTION FINANCING CORPORATION

Current Principal Place of Business:

C/O STATE BOARD OF ADMINISTRATION
1801 HERMITAGE BLVD.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

C/O STATE BOARD OF ADMINISTRATION
1801 HERMITAGE BLVD.
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3404559 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEENCK, THOMAS A
C/O STATE BOARD OF ADMINISTRATION
1801 HERMITAGE BLVD.
TALLAHASSEE, FL 32308 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: D ( ) Delete
Name: NEMBHARD, MORTLAKE
Address: 2019 CANTRE POINT BLVD., SUITE 101
City-St-Zip: TALLAHASSEE, FL 32308

Title: CEO ( ) Delete
Name: MILLIGAN, ROBERT F
Address: 1801 HERMITAGE BLVD STE 100
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: SINK, ALEX
Address: 200 EAST GAINES ST
City-St-Zip: TALLAHASSEE, FL 323990354

Title: T ( ) Delete
Name: SIGRIST, KEVIN
Address: 1801 HERMITAGE BLVD., SUITE 100
City-St-Zip: TALLAHASSEE, FL 32308

Title: S ( ) Delete
Name: BEENCK, THOMAS A
Address: 475 MERLI WAY
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CEO (X) Change ( ) Addition
Name: WILLIAMS, ASHBEL C
Address: 1801 HERMITAGE BLVD STE 100
City-St-Zip: TALLAHASSEE, FL 32308

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: BEENCK, THOMAS A
Address: 1801 HERMITAGE BLVD, SUITE 100
City-St-Zip: TALLAHASSEE, FL 32308

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: THOMAS A. BEENCK S 02/27/2009

Electronic Signature of Signing Officer or Director — Date