

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005394

FILED
Apr 24, 2007
Secretary of State

Entity Name: 10100 SANTA MONICA, INC.

Current Principal Place of Business:

1801 HERMITAGE BLVD.
SUITE 100
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1801 HERMITAGE BLVD.
SUITE 100
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3410291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: BENNETT, DOUGLAS W
Address: 1801 HERMITAGE BOULEVARD, SUITE 100
City-St-Zip: TALLAHASSEE, FL 32308

Title: VT () Delete
Name: SMITH, ROGER E
Address: 191 N WACKER DR, STE 2500
City-St-Zip: CHICAGO, IL 60606

Title: P () Delete
Name: TOGNARELLI, MAURY
Address: 191 NORTH WACKER DRIVE, SUITE 2500
City-St-Zip: CHICAGO, IL 60606

Title: DVAT () Delete
Name: GRAY, LYNNE M
Address: 1801 HERMITAGE BOULEVARD, SUITE 100
City-St-Zip: TALLAHASSEE, FL 32308

Title: DVAS () Delete
Name: SMITH, JEFFREY L
Address: 1801 HERMITAGE BLVD STE 100
City-St-Zip: TALLAHASSEE, FL

Title: VAS () Delete
Name: FERRANTE, ANTHONY M
Address: 191 N WACKER DR, STE 2500
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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City-St-Zip:

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

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

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: ROGER E. SMITH

VT

04/24/2007

Electronic Signature of Signing Officer or Director

Date