

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000089619

FILED
Mar 15, 2011
Secretary of State

Entity Name: SOUTHEASTERN RESEARCH GROUP, INC.

Current Principal Place of Business:

2000 CENTRE POINTE BLVD
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2000 CENTRE POINTE BLVD
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3673588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, ROBERT A
123 SOUTH CALHOUN STREET
TALLAHASSEE, FL 323011517 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: PD
Name: SAWYER, WILLIAM P
Address: 2000 CENTRE POINTE BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: STD
Name: CAMPS, JOSEPH L
Address: 2000 CENTRE POINTE BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD
Name: BRADFORD, ROBERT S
Address: 2000 CENTRE POINTE BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD
Name: SELLINGER, SCOTT B
Address: 2000 CENTRE POINTE BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD
Name: TRAN, JEAN-PAUL
Address: 2000 CENTRE POINTE BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD
Name: BURDAY, DAVID E
Address: 2000 CENTRE POINTE BLVD.
City-St-Zip: TALLAHASSEE, FL 32308

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM P SAWYER

PD

03/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date