

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117074

Entity Name: LINKPAD HOLDINGS, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

ONE INDEPENDENT DRIVE STE 1900
JACKSONVILLE, FL 322025013

New Principal Place of Business:

ONE INDEPENDENT DRIVE
1900
JACKSONVILLE, FL 322025013

Current Mailing Address:

ONE INDEPENDENT DRIVE STE 1900
JACKSONVILLE, FL 322025013

New Mailing Address:

ONE INDEPENDENT DRIVE
1900
JACKSONVILLE, FL 322025013

FEI Number: 59-3705112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINK, ROBERT J
ONE INDEPENDENT DRIVE STE 1900
JACKSONVILLE, FL 322025013 US

Name and Address of New Registered Agent:

LINK, ROBERT J
ONE INDEPENDENT DRIVE
1900
JACKSONVILLE, FL 322025013 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: ROBERT J. LINK

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LINK, ROBERT J
Address: ONE INDEPENDENT DRIVE STE 1900
City-St-Zip: JACKSONVILLE, FL 322025013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: ROBERT J. LINK

D

03/23/2009

Electronic Signature of Signing Officer or Director

Date