

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02694

FILED
Apr 17, 2009
Secretary of State

Entity Name: WITTENBERG, DELONY & DAVIDSON, INC.

Current Principal Place of Business:

400 W CAPITOL AVENUE
SUITE 1800
LITTLE ROCK, AR 722014806 US

New Principal Place of Business:

Current Mailing Address:

400 W CAPITOL AVENUE
SUITE 1800
LITTLE ROCK, AR 722014806 US

New Mailing Address:

FEI Number: 71-0311512 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUE, F. LLOYD JR.
207 FLORIDA PLACE, SE
FORT WALTON BEACH, FL 32548 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADAMS, THOMAS R.
Address: 2401 N. FILLMORE
City-St-Zip: LITTLE ROCK, AR 72207

Title: STD () Delete
Name: SEE, JACK F. JR.
Address: 10 BUGLE COURT
City-St-Zip: LITTLE ROCK, AR 72207

Title: EVD () Delete
Name: SLOAN, JOHN C.
Address: 5220 STONEWALL
City-St-Zip: LITTLE ROCK, AR 72207

Title: VP () Delete
Name: ALDERMAN, RICHARD K
Address: 388 CANVAS
City-St-Zip: FAYETTEVILLE, AR 72701

Title: VP () Delete
Name: PEEK, EDWARD E
Address: 1607 MOUNTAIN DRIVE
City-St-Zip: LITTLE ROCK, AR 72207

Title: VP () Delete
Name: CLAIR, ROY E JR.
Address: 110 SOUTHVIEW CIRCLE
City-St-Zip: HOT SPRINGS, AR 71913

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:

Title: () Change () Addition
Name:
Address:
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS R. ADAMS

PD

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date