## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000073748

Name:

Address:

City-St-Zip:

Entity Name: RUDOLPH MANAGEMENT, INC.

FILED Feb 10, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7901 WEST BROWARD BOULEVARD PLANTATION, FL 33324 **Current Mailing Address: New Mailing Address:** 1844 N NOB HILL RD #452 PLANTATION, FL 33322 FEI Number: 42-1598321 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TATUM, THOMAS R 200 EAST LAS OLAS BOULEVARD SUITE #1900 FORT LAUDERDALE, FL 33301 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition RUDOLPH, JOHN R Name: Name: 1844 N NOB HILL RD #452 Address: Address: City-St-Zip: PLANTATION, FL 33322 City-St-Zip: Title: Title: () Delete () Change () Addition RUDOLPH, JAMES Name: Name: 1844 N NOB HILL RD #452 Address: Address: PLANTATION, FL 33322 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition RUDOLPH, SHARON M Name: Name: 1844 N NOB HILL RD #452 Address: Address: City-St-Zip: PLANTATION, FL 33322 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition

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.

Name:

Address:

City-St-Zip:

PASCAL, JOHN

1844 N NOB HILL RD #452

PLANTATION, FL 33322

SIGNATURE: JOHN RUDOLPH DP 02/10/2009