2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106292

215

TAMPA, FL 33618

Entity Name: INTERCONTROLLERS GROUP, INC.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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10012 N. DALE MABRY HWY 8902 N. DALE MABRY HWY

216

TAMPA, FL 33614 US

Current Mailing Address: New Mailing Address:

10012 N. DALE MABRY HWY
215
TAMPA, FL 33618 US
8902 N. DALE MABRY HWY
216
TAMPA, FL 33614 US

FEI Number: 20-0255174 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:

CLARK, RICHARD T CLARK, RICHARD T

10012 N. DALE MABRY HWY SUITE 215 8902 N. DALE MABRY HWY SUITE 216

TAMPA, FL 33618 US TAMPA, FL 33614 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: 04/21/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Address: City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD () Delete Title: PCD (X) Change () Addition Name: CAROSELLA, FRANK Name: CAROSELLA, FRANK

Address: 10012 N. DALE MABRY HWY STE 215 Address: 8902 N. DALE MABRY HW STE 216

City-St-Zip: TAMPA, FL 33618 US City-St-Zip: TAMPA, FL 33614 US

Title: S () Delete Title: S (X) Change () Addition

Name: CAROSELLA, JANICE Name: CLARK, RICHARD

Address: 10012 N. DALE MABRY HW STE 215 Address: 8902 N. DALE MABRY HW STE 216

City-St-Zip: TAMPA, FL 33618 US City-St-Zip: TAMPA, FL 33614 US

Title: VP (X) Delete Title: () Change () Addition Name: CLARK, RICHARD Name:

 CLARK, RICHARD
 Name:

 10012 N. DALE MABRY HWY STE 215
 Address:

 TAMPA, FL 33618 US
 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: FRANK CAROSELLA PRES 04/21/2009