2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000144322

Address:

City-St-Zip:

PO BOX 1625

WEST PALM BEACH, FL 33402 US

Entity Name: CLEMATIS MANAGEMENT CORP

FILED Jan 27, 2009 Secretary of State

Entity Nai	ME: CLEMATIS MAN	AGEMENT CORP.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	H OLIVE AVENUE LM BEACH, FL 3340	1 US	222 CLEMATIS STRI 206 WEST PALM BEACH		
Current M	lailing Address:		New Mailing Addres	New Mailing Address:	
P.O. BOX WEST PA	1625 LM BEACH, FL 33402	2 US			
FEI Number:	: 20-1769790 FEI N	umber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
SATTER, JONATHAN R 100 SOUTH OLIVE AVENUE WEST PALM BEACH, FL 33401 US			222 CLEMATIS STRI 206	SATTER, JONATHAN R 222 CLEMATIS STREET 206 WEST PALM BEACH, FL 33401 US	
	named entity submits of Florida.	this statement for the	purpose of changing its register	ed office or registered agent, or both,	
SIGNATURE:				01/27/2009	
	Electronic Sign	ature of Registered Ag	ent	Date	
Election Car	npaign Financing Trust F	und Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete SATTER, JONATHAN R PO BOX 1625 WEST PALM BEACH, F	L 33402 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () Delete DEWOODY, DONALD K PO BOX 1625 WEST PALM BEACH, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VSTD () Delete		Title: Name:	() Change () 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.

Address:

City-St-Zip:

SIGNATURE: JONATHAN R SATTER PD 01/27/2009