

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000050149

**Entity Name:** TPA EXCHANGE, INC.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1238 MANN DRIVE  
MATTHEWS, NC 28105

**New Principal Place of Business:**

**Current Mailing Address:**

1238 MANN DRIVE  
MATTHEWS, NC 28105

**New Mailing Address:**

**FEI Number:** 20-2601251

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MCCLURE, WILLIAM  
6896 A AVENUE  
SAINT AUGUSTINE, FL 32080 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCCLURE, WILLIAM  
Address: 6896 A AVENUE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP  
Name: BULLOCK, KRISTIN  
Address: 8508 NETHERFIELD COURT  
City-St-Zip: CHARLOTTE, NC 28277

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM MCCLURE

PRES

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date