2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P06000009398

Entity Name: REGIONAL INVESTMENT FUND, INC.

Current Principal Place of Business:

1550 VILLAGE SQUARE BLVD., SUITE 3
TALLAHASSEE, FL 32309

New Principal Place of Business:

1550 VILLAGE SQUARE BOULEVARD, SUITE 3
TALLAHASSEE, FL 32309

Current Mailing Address:

1550 VILLAGE SQUARE BLVD., SUITE 3
TALLAHASSEE, FL 32309

New Mailing Address:

1550 VILLAGE SQUARE BOULEVARD, SUITE 3
TALLAHASSEE, FL 32309

FEI Number: 65-1266654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEISON, THOMAS H
3500 FINANCIAL PLAZA, SUITE 202
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

DEISON, THOMAS H
1550 VILLAGE SQUARE BOULEVARD, SUITE 3
TALLAHASSEE, FL 32309 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: 04/28/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DEISON, THOMAS H
Address: 3500 FINANCIAL PLAZA STE 202
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD ( ) Delete
Name: DEISON, ROBERT R
Address: 3500 FINANCIAL PLAZA STE 202
City-St-Zip: TALLAHASSEE, FL 32308

Title: ST ( ) Delete
Name: CAMPBELL, LINDA J
Address: 3500 FINANCIAL PLAZA STE 202
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DEISON, THOMAS H
Address: 1550 VILLAGE SQUARE BLVD., SUITE 3
City-St-Zip: TALLAHASSEE, FL 32309

Title: VD (X) Change ( ) Addition
Name: DEISON, ROBERT R
Address: 1550 VILLAGE SQUARE BLVD., SUITE 3
City-St-Zip: TALLAHASSEE, FL 32309

Title: ST (X) Change ( ) Addition
Name: CAMPBELL, LINDA J
Address: 1550 VILLAGE SQUARE BOULEVARD, SUITE 3
City-St-Zip: TALLAHASSEE, FL 32309

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 DEISON PD 04/28/2009
Electronic Signature of Signing Officer or Director — Date