2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P06000042795

Entity Name: RRG PENNSYLVANIA GP, INC.

Current Principal Place of Business:

ONE INDEPENDENT DRIVE
SUITE 114
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

ONE INDEPENDENT DRIVE
SUITE 114
JACKSONVILLE, FL 322025019 US

Current Mailing Address:

ONE INDEPENDENT DRIVE
SUITE 114
JACKSONVILLE, FL 32202 US

New Mailing Address:

ONE INDEPENDENT DRIVE
SUITE 114
JACKSONVILLE, FL 322025019 US

FEI Number: 20-4578735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

F&L CORP
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: STEIN, MARTIN E JR
Address: ONE INDEPENDENT DRIVE, SUITE 114
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: D ( ) Delete
Name: FIALA, MARY LOU
Address: ONE INDEPENDENT DRIVE, SUITE 114
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: D ( ) Delete
Name: JOHNSON, BRUCE M
Address: ONE INDEPENDENT DRIVE, SUITE 114
City-St-Zip: JACKSONVILLE, FL 32202 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: STEIN, MARTIN E JR
Address: ONE INDEPENDENT DRIVE, SUITE 114
City-St-Zip: JACKSONVILLE, FL 322025019 US

Title: D (X) Change ( ) Addition
Name: FIALA, MARY LOU
Address: ONE INDEPENDENT DRIVE, SUITE 114
City-St-Zip: JACKSONVILLE, FL 322025019 US

Title: D (X) Change ( ) Addition
Name: JOHNSON, BRUCE M
Address: ONE INDEPENDENT DRIVE, SUITE 114
City-St-Zip: JACKSONVILLE, FL 322025019 US

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: KATHY D. MILLER VP 04/28/2008

Electronic Signature of Signing Officer or Director Date