

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000032810

**Entity Name:** NRW ASSET MANAGEMENT, INC.

**FILED**  
**Aug 14, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5201 ATLANTIC BLVD., SUITE 141  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

4056 STILLWOOD DRIVE  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

5201 ATLANTIC BLVD., SUITE 141  
JACKSONVILLE, FL 32207

**New Mailing Address:**

4056 STILLWOOD DRIVE  
JACKSONVILLE, FL 32257

**FEI Number:** 14-1991594

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITCRAFT, NICHOLAS R  
5201 ATLANTIC BLVD., SUITE 141  
JACKSONVILLE, FL 32207 US

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

WHITCRAFT, NICHOLAS R  
4056 STILLWOOD DRIVE  
JACKSONVILLE, FL 32257 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: \_\_\_\_\_

Electronic Signature of Registered Agent

08/14/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WHITCRAFT, NICHOLAS R  
Address: 4056 STILLWOOD DRIVE  
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP  
Name: THOMPSON, CHARLES M JR.  
Address: 4455 WATER OAK LANE  
City-St-Zip: JACKSONVILLE, FL 32210

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: NICHOLAS R. WHITCRAFT

PRES

08/14/2010

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

\_\_\_\_\_  
Date