2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2012
Secretary of State

DOCUMENT# P07000069741

Entity Name: PROBANK

Current Principal Place of Business:

536 NORTH MONROE STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 3696
TALLAHASSEE, FL 32315

New Mailing Address:

FEI Number: 26-3033625 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, JOSEPH P
215 S. MONROE ST
STE 400
TALLAHASSEE, FL 32301 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: D
Name: ATKINS-GUNTER, KATHLEEN
Address: 1117 SAVANNAH TRACE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D
Name: SAULS, JAMES E
Address: PO BOX 2535
City-St-Zip: TALLAHASSEE, FL 32316

Title: D
Name: ESCOBAR, JAVIER I II, MD
Address: 420 PLANTATION RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: D
Name: FORSTHOEFEL, MICHAEL W MD
Address: 437 AUDUBON DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D
Name: WINN, STEPHEN R
Address: 1424 OXBOTTOM ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D
Name: SIMMONS, JOSH DR
Address: 608 SOUTHRIDE
City-St-Zip: TALLAHASSEE, FL 32303

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: THOMAS R BAILEY EVP 04/27/2012

Electronic Signature of Signing Officer or Director Date