

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000107863

FILED
Apr 14, 2009
Secretary of State

Entity Name: REGIONAL REPORTING, INC.

Current Principal Place of Business:

2773 SOUTH OCEAN BLVD
416
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

40 FULTON STREET
20TH FLOOR
NEW YORK, NY 10038

New Mailing Address:

FEI Number: 26-2985418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MYERS, ALLAN D
Address: 110 LIVINGSTON STREET
City-St-Zip: BROOKLYN, NY 11201

Title: D () Delete
Name: SIEGEL, LOUIS D
Address: 252 FAIRVIEW DRIVE
City-St-Zip: SOUTH WINDSOR, CT 09074

Title: D () Delete
Name: MYERS, MARTIN D
Address: 2 IVY CIRCLE
City-St-Zip: SCARSDALE, NY 10583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: MYERS, ALLAN
Address: 110 LIVINGSTON STREET
City-St-Zip: BROOKLYN, NY 11201

Title: MR (X) Change () Addition
Name: SIEGEL, LOUIS
Address: 252 FAIRVIEW DRIVE
City-St-Zip: SOUTH WINDSOR, CT 09074

Title: MR (X) Change () Addition
Name: MYERS, MARTIN
Address: 2 IVY CIRCLE
City-St-Zip: SCARSDALE, NY 10583

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: JOAN MYERS

MRS

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date