

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08610

FILED  
Mar 12, 2008  
Secretary of State

Entity Name: MCLARENS YOUNG INTERNATIONAL, INC.

## Current Principal Place of Business:

2600 DOUGLAS RD STE 906  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

9100 SOUTH DADELAND BLVD., SUITE 1620  
MIAMI, FL 33156 US

## Current Mailing Address:

180 MONTGOMERY STREET  
SUITE 2100  
SAN FRANCISCO, CA 94104 US

## New Mailing Address:

FEI Number: 51-0289022      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATTERS, MIKE  
2600 DOUGLAS ROAD  
STE 906  
CORAL GABLES, FL 331346134 US

## Name and Address of New Registered Agent:

WATTERS, MIKE  
9100 SOUTH DADELAND BLVD.,  
STE 1620  
MIAMI, FL 33156 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:

03/12/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: CHALFANT, VERN  
Address: 5555 TRIANGLE PKWY, SUITE 200  
City-St-Zip: NORCROSS, GA 30092

Title: VP ( ) Delete  
Name: GABRIEL, GARY  
Address: 5555 TRIANGLE PKWY, SUITE 200  
City-St-Zip: NORCROSS, GA 30092

Title: VP ( ) Delete  
Name: BROWN, GARY  
Address: GALLERIA TOWER 100 W. BROADWAY, STE. 750  
City-St-Zip: GLENDALE, CA 91210

Title: VP ( ) Delete  
Name: STAFFORD, CHRIS  
Address: 180 MONTGOMERY ST., STE. 2100  
City-St-Zip: SAN FRANCISCO, CA 94104

Title: VP ( ) Delete  
Name: CHICK, SIMON  
Address: 5555 TRIANGLE PKWY, SUITE 200  
City-St-Zip: NORCROSS, GA 30092

Title: DIR ( ) Delete  
Name: FAARUP, HENRY  
Address: 5555 TRIANGLE PKWY, SUITE 200  
City-St-Zip: NORCROSS, GA 30092

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOSEPH FAIMALI

CFO

03/12/2008

Electronic Signature of Signing Officer or Director

Date