

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08610

FILED
May 01, 2009
Secretary of State

Entity Name: MCLARENS YOUNG INTERNATIONAL, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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
9100 SOUTH DADELAND BLVD.,
STE 1620
MIAMI, FL 33156 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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

05/01/2009

Electronic Signature of Signing Officer or Director

Date