

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000035250

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** CORPORATE TRUSTEE, INC.

**Current Principal Place of Business:**

123 S CALHOUN ST  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

123 S CALHOUN ST  
TALLAHASSEE, FL 323011517 US

**Current Mailing Address:**

PO BOX 391  
TALLAHASSEE, FL 32302

**New Mailing Address:**

PO BOX 391  
TALLAHASSEE, FL 323020391 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

PIERCE, ROBERT A  
123 S CALHOUN ST  
TALLAHASSEE, FL 32301 US

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

PIERCE, ROBERT A  
123 S CALHOUN ST  
TALLAHASSEE, FL 323011517 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:

01/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: PROCTOR, H. PALMER  
Address: PO BOX 391  
City-St-Zip: TALLAHASSEE, FL 323020391 US

Title: VPST  
Name: PIERCE, ROBERT A  
Address: PO BOX 391  
City-St-Zip: TALLAHASSEE, FL 323020391 US

Title: D  
Name: PIERCE, ROBERT A  
Address: PO BOX 391  
City-St-Zip: TALLAHASSEE, FL 323020391 US

Title: D  
Name: MCCORD, FRED L  
Address: PO BOX 14919  
City-St-Zip: TALLAHASSEE, FL 32317 US

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: ROBERT A. PIERCE

VP

01/06/2012

Electronic Signature of Signing Officer or Director

Date