2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17954

Entity Name: ATP TOUR, INC.

FILED Feb 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

201 ATP TOUR BLVD

PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address: New Mailing Address:

201 ATP TOUR BLVD

PONTE VEDRA BEACH, FL 32082 US

FEI Number: 95-2833251 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SMITH HULSEY & BUSEY 225 WATER STREET SUITE 1800 JACKSONVILLE, FL 32202 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change() Addition

Name:DE VILLIERS, ETIENNEName:HELFANT, ADAM SAddress:IG HOUSE, PALLISER ROADAddress:ONE BRAMBLE LANECity-St-Zip:LONDON, EN W14 9EB GBCity-St-Zip:RIVERSIDE, CT 06978 US

Title: T () Delete Title: () Change () Addition

 Name:
 GALLOWAY, PHILIP B
 Name:

 Address:
 704 SHIPWATCH DRIVE EAST
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 YOUNG, MARK V
 Name:

 Address:
 937 SHIPWATCH DRIVE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

Name: PASARELL, CHARLIE Name: FORBES, GAVIN

 Address:
 78-200 MILES AVE
 Address:
 1360 E 9TH ST, SUITE 100

 City-St-Zip:
 INDIAN WELLS, CA 92210
 City-St-Zip:
 CLEVELAND, OH 44114 US

Title: D () Delete Title: () Change () Addition

 Name:
 PEARCE, GRAHAM
 Name:

 Address:
 75 STANLEY STREET
 Address:

 City-St-Zip:
 AUCKLAND, NEW ZEALAND,
 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK V. YOUNG S 02/17/2009