

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18691

FILED
Apr 07, 2009
Secretary of State

Entity Name: FINANCIAL INDUSTRY REGULATORY AUTHORITY, INC.

Current Principal Place of Business:

1735 K STREET, NW
WASHINGTON, DC 20006

New Principal Place of Business:

Current Mailing Address:

9509 KEY WEST AVENUE
ATTN: FINANCE/TAXES
ROCKVILLE, MD 20850 US

New Mailing Address:

9509 KEY WEST AVENUE
ATTN: FINANCE/TAX
ROCKVILLE, MD 20850 US

FEI Number: 53-0088710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD. #221E
PALM BEACH GARDENS, FL 33410 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

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: SCHAPIRO, MARY L
Address: 1735 K STREET, NW
City-St-Zip: WASHINGTON, DC 20006

Title: EVPT () Delete
Name: DIGANCI, TODD T
Address: 1735 K STREET, NW
City-St-Zip: WASHINGTON, DC 20006

Title: SVPS () Delete
Name: ASQUITH, MARCIA E
Address: 1735 K STREET, NW
City-St-Zip: WASHINGTON, DC 20006

Title: D () Delete
Name: BOWSHER, CHARLES A
Address: 4503 BOXWOOD ROAD
City-St-Zip: BETHESDA, MD 20816

Title: D () Delete
Name: BRENNAN, JOHN J
Address: 100 VANGUARD BOULEVARD
City-St-Zip: MALVERN, PA 19355

Title: D () Delete
Name: BROWN, ELLYN L
Address: 11055 GREENSPRING AVENUE
City-St-Zip: LUTHERVILLE, MD 21093

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CCEO (X) Change () Addition
Name: KETCHUM, RICHARD G
Address: 1735 K STREET, NW
City-St-Zip: WASHINGTON, DC 20006

Title: CFOT (X) Change () Addition
Name: DIGANCI, TODD T
Address: 1735 K STREET, NW
City-St-Zip: WASHINGTON, DC 20006

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EILEEN M. FAMIGLIETTI

SVP

04/07/2009

Electronic Signature of Signing Officer or Director

Date