## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P22585

Title:

Name:

Address: City-St-Zip: v

LISA

( ) Delete

TAMPA, FL 33607 US

4211 W BOY SCOUT BLVD STE.1000

FILED Jul 14, 2009 Secretary of State

Entity Name: WALTER ENERGY, INC. **Current Principal Place of Business: New Principal Place of Business:** 4211 W BOY SCOUT BLVD **SUITE 1000** TAMPA, FL 33607 **New Mailing Address: Current Mailing Address:** 4211 W BOY SCOUT BLVD TAX DEPT SUITE 1000 TAMPA, FL 33607 FEI Number: 13-3429953 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: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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: ( ) Delete Title: (X) Change ( ) Addition O'BRIEN, MARK J Name: MARK Name: 4211 W. BOY SCOUT BLVD STE.1000 4211 W. BOY SCOUT BLVD STE.1000 Address: Address: TAMPA, FL 33607 US City-St-Zip: TAMPA, FL 33607 US City-St-Zip: Title: Title: ( ) Delete (X) Change ( ) Addition Name: VICTOR Name: PATRICK, VICTOR P 4211 W BOY SCOUT BLVD STE.1000 4211 W BOY SCOUT BLVD STE.1000 Address: Address: TAMPA, FL 33607 US TAMPA, FL 33607 US City-St-Zip: City-St-Zip: Title: (X) Change ( ) Addition Т ( ) Delete Title: MILES DEARDEN, MILES C III Name: Name: 4211 W. BOY SCOUT BLVD STE.1000 4211 W. BOY SCOUT BLVD STE.1000 Address: Address: TAMPA, FL 33607 US City-St-Zip: TAMPA, FL 33607 US City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition CATHERINE BONA, CATHERINE C Name: Name: Address: 4211 W BOY SCOUT BLVD STE.1000 Address: 4211 W BOY SCOUT BLVD STE.1000 City-St-Zip: TAMPA, FL 33607 US City-St-Zip: TAMPA, FL 33607 US

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MILES C DEARDEN, III T 07/14/2009

(X) Change ( ) Addition

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HONNOLD, LISA A

TAMPA, FL 33607 US