

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31645

FILED
Mar 24, 2009
Secretary of State

Entity Name: MERIDIAN FINANCIAL SERVICES, INC.

Current Principal Place of Business:

21 OVERLAND INDUSTRIAL BLVD.
BLDG. 1
ASHEVILLE, NC 28806 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1410
ASHEVILLE, NC 288021410 US

New Mailing Address:

FEI Number: 56-1663191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: EVPD () Delete
Name: MARBERT, JEANETTE E
Address: 6262 SUNSET DR.
City-St-Zip: MIAMI, FL 33143

Title: TD () Delete
Name: GALEA, JOHN
Address: 6262 SUNSET DR.
City-St-Zip: MIAMI, FL 33143

Title: P () Delete
Name: SHEPERD, GREGORY B
Address: 7 AMBER KNOLL CT
City-St-Zip: WEAVERVILLE, NC 28787

Title: S () Delete
Name: GREEN, KAREN
Address: 62 CONWAY LANE
City-St-Zip: WAYNESVILLE, NC 28785

Title: D () Delete
Name: NASH, CRAIG
Address: 6262 SUNSET DR
City-St-Zip: MIAMI, FL 33143

Title: AS () Delete
Name: KINCKE, VICTORIA
Address: 6262 SUNSET DR
City-St-Zip: MIAMI, FL 33143

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
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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: GREGORY B. SHEPERD

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date