

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33173

FILED
Apr 01, 2009
Secretary of State

Entity Name: GOBBELL HAYS PARTNERS, INC.

Current Principal Place of Business:

217 FIFTH AVE. NORTH
NASHVILLE, TN 37219

New Principal Place of Business:

Current Mailing Address:

217 FIFTH AVE. NORTH
NASHVILLE, TN 37219

New Mailing Address:

FEI Number: 62-1081773 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH 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: P/D () Delete
Name: GOBBELL, RONALD V.,
Address: 217 FIFTH AVE. NORTH
City-St-Zip: NASHVILLE, TN 37219

Title: C/D () Delete
Name: HAYS, STEVE M.,
Address: 217 FIFTH AVE. NORTH
City-St-Zip: NASHVILLE, TN 37219

Title: VT/D () Delete
Name: RICHARDSON, CONNIE
Address: 217 FIFTH AVE NO
City-St-Zip: NASHVILLE, TN 37219

Title: V/D () Delete
Name: ANDERSON, WADE
Address: 10500 EAST 54TH., STE. 5
City-St-Zip: DENVER, CO 80239

Title: V/D () Delete
Name: CAPPEL, PETE
Address: 10500 EAST 54TH., STE. 5
City-St-Zip: DENVER, CO 80239

Title: V/D () Delete
Name: SMITH, MARK
Address: 217 5TH AVENUE NORTH
City-St-Zip: NASHVILLE, TN 37219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: GOBBELL, RONALD V
Address: 217 FIFTH AVE. NORTH
City-St-Zip: NASHVILLE, TN 37219

Title: C/D (X) Change () Addition
Name: HAYS, STEVEN M
Address: 217 FIFTH AVE. NORTH
City-St-Zip: NASHVILLE, TN 37219

Title: VT/D (X) Change () Addition
Name: RICHARDSON, CONNIE
Address: 217 FIFTH AVE NORTH
City-St-Zip: NASHVILLE, TN 37219

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

SIGNATURE: CONNIE RICHARDSON

VT/D

04/01/2009

Electronic Signature of Signing Officer or Director

Date