

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000005453

FILED
Apr 13, 2009
Secretary of State

Entity Name: MERIN HUNTER CODMAN INC.

Current Principal Place of Business:

1601 FORUM PLACE
SUITE 200
W. PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

1601 FORUM PLACE
W. PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-0370675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE DIRECT AGENTS, INC
515 E PARK AVE J
TALLAHASSEE, FL 32301 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: D () Delete
Name: GROSSMAN, JAY M
Address: 1601 FORUM PLACE
City-St-Zip: W. PALM BEACH, FL 33401

Title: D () Delete
Name: MERIN, NEIL E
Address: 12347 PLANTATION LANE
City-St-Zip: N. PALM BEACH, FL 33408

Title: D () Delete
Name: NICOLAY, KENNETH M
Address: 5528 TAHOE LANE
City-St-Zip: FAIRWAY, KS 66205

Title: D () Delete
Name: HUNTER, CHARLES H
Address: 622 WEST 67 TERRACE
City-St-Zip: KANSAS CITY, MO 64113

Title: D () Delete
Name: KILLIAN, JOHN T
Address: 211 CONGRESS STREET
City-St-Zip: BOSTON, MA 02110

Title: D () Delete
Name: SCHNEIDERMAN, BOB A
Address: 2300 GLADES RD
City-St-Zip: BOCA RATON, FL 33431

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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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: JAY M GROSSMAN

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date