2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# P93000019974

Entity Name: STX CORP.

Current Principal Place of Business:

4650 DONALD ROSS RD.
SUITE 200
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

4650 DONALD ROSS RD.
SUITE 200
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 65-0398707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROCK, PETER
4650 DONALD ROSS RD.
SUITE 200
PALM BEACH GARDENS, FL 33418 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:	CD	( ) Delete
Name:	BROCK, PETER	
Address:	4650 DONALD ROSS RD. SUITE 200	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	PD	( ) Delete
Name:	SPITALETTA, ROBERT	
Address:	343 SOUTH RIVER STREET	
City-St-Zip:	HACKENSACK, NJ 07601	
Title:	SD	( ) Delete
Name:	BOCK, ANDREW	
Address:	4650 DONALD ROSS RD, STE 200	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	VD	( ) Delete
Name:	SPITALETTA, EDWARD	
Address:	1551 FORUM PLACE, SUITE 100	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	T	( ) Delete
Name:	SPITALETTA, RICHARD	
Address:	343 SOUTH RIVER STREET	
City-St-Zip:	HACKENSACK, NJ 07601	

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
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: PETER BROCK CD 01/29/2009

Electronic Signature of Signing Officer or Director — Date