

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000043872

Entity Name: SOCIOCYBERNETICS, INC.

FILED  
Apr 17, 2009  
Secretary of State

**Current Principal Place of Business:**

5656 JUMPOFF MOUNTAIN ROAD  
SEWANEE, TN 37375 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3147  
SEWANEE, TN 37375

**New Mailing Address:**

FEI Number: 65-0423061      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARTOLUS P.L.  
1351 N GADSDEN STREET  
TALLAHASSEE, FL 32303 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: MURRELL, STEPHEN DR  
Address: 6250 SW 64 CT  
City-St-Zip: MIAMI, FL 33143 US

Title: DS ( ) Delete  
Name: KUNCE, HENRY W DR  
Address: 5025 S.W. 74TH ST  
City-St-Zip: MIAMI, FL 33143 US

Title: PD ( ) Delete  
Name: HAMMAN, HENRY L DR  
Address: 565 JUMPOFF MOUNTAIN ROAD  
City-St-Zip: SEWANEE, TN 37375 US

**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:

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: HENRY L. HAMMAN

PD

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date