2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000047850

Entity Name: BECKER TRADING COMPANY

FILED Feb 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 582 BEACHLAND BLVD SUITE 300 VERO BEACH, FL 32963 US **Current Mailing Address: New Mailing Address:** 582 BEACHLAND BLVD SUITE 300 VERO BEACH, FL 32963 US FEI Number: 65-0465934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NEILL, RICHARD V SR 311 SO. 2ND ST. FT. PIERCE, FL 34950 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BECKER, R. W Name: Name: 141 ANCHOR DR. Address: Address: City-St-Zip: VERO BCH., FL 32963 City-St-Zip: VΡ Title: Title: () Delete () Change () Addition Name: PLYMALE, BARTON M Name: 1503 NORTH ARCADIA AVE Address: Address: City-St-Zip: ARCADIA, FL 34266 City-St-Zip: () Delete Title: Title: () Change () Addition TAYLOR, ANDREW Name: Name: 335 OCEAN WAY Address: Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: Title: () Delete Title: () Change () Addition BESANKO, KIRSTEN A Name: Name: Address: 21210 GLADES CUT-OFF RD. Address: City-St-Zip: PORT SAINT LUCIE, FL 34987 City-St-Zip: Title: Title: () Delete () Change () Addition BECKER, MARY ANN Name: Name: 141 ANCHOR DRIVE Address: Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: Title: () Delete Title: () Change () Addition MURRAY, LARRY M SR. Name: Name: Address: 5505 FT PIERCE BLVD Address: City-St-Zip: City-St-Zip: FT PIERCE, FL 34951

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: KIRSTEN A. BESANKO S 02/18/2009