2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000052676

Entity Name: ERH ASSOCIATES, INC.

City-St-Zip:

BERLIN, GERMANY, 10119

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: C/O GRAF REPETTI & CO., LLP 1114 AVE OF THE AMERIC, 17TH FLOOR NEW YORK, NY 10036 **Current Mailing Address: New Mailing Address:** C/O GRAF REPETTI & CO., LLP 1114 AVE OF THE AMERIC, 17TH FLOOR NEW YORK, NY 10036 ÚS FEI Number: 58-2064334 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: XL CORPORATE SERVICES, INC. 4435 OLD WINTER GARDEN ROAD ORLANDO, FL 32802 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 HOFFMANN-KOENIGE, ERIKA Name: Name: 237 LAFAYETTE ST. Address: Address: City-St-Zip: NEW YORK, NY 10012 City-St-Zip: Title: Title: () Delete () Change () Addition HOFFMANN, ALEXANDER Name: Name: 2716 ST LAURENT PL Address: Address: LA JOLLA, CA 92037 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition HOFFMANN, LAURA Name: Name: 237 LAFAYETTE ST Address: Address: City-St-Zip: NEW YORK, NY 10012 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition HOFFMANN, CORINNA Name: Name: Address: TORSTRASSEE 140 Address:

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.

City-St-Zip:

SIGNATURE: LAURA HOFFMANN VP 04/20/2009