

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000018194

Entity Name: RAX CO.

FILED
Apr 27, 2011
Secretary of State

Current Principal Place of Business:

50 N. LAURA STREET
SUITE 3300
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

PO BOX 4099
JACKSONVILLE, FL 32201

New Mailing Address:

FEI Number: 59-3265983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKINNER, HALCYON E
50 N. LAURA STREET
SUITE 3300
JACKSONVILLE, FL 32202 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

OFFICERS AND DIRECTORS:

Title: P
Name: SKINNER, HALCYON E
Address: 50 N. LAURA STREET, SUITE 3300
City-St-Zip: JACKSONVILLE, FL 32202

Title: V
Name: KEEFE, KENNETH M JR
Address: 50 N. LAURA STREET, SUITE 3300
City-St-Zip: JACKSONVILLE, FL 32202

Title: V
Name: THANNER, CHRISTOPHER J
Address: 50 NORTH LAURA STREET, SUITE 3300
City-St-Zip: JACKSONVILLE, FL 32202

Title: V
Name: PURVIS, LISA A
Address: 50 N. LAURA STREET, SUITE 3300
City-St-Zip: JACKSONVILLE, FL 32202

Title: V
Name: HENDERSON, SHARON R
Address: 50 NORTH LAURA STREET, SUITE 3300
City-St-Zip: JACKSONVILLE, FL 32202

Title: V
Name: CAIRNS, SCOTT S
Address: 50 N. LAURA STREET, SUITE 3300
City-St-Zip: JACKSONVILLE, FL 32202

I hereby 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 all other like empowered.

SIGNATURE: HALCYON E. SKINNER

P

04/27/2011

Electronic Signature of Signing Officer or Director

Date