

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000087035

FILED  
Apr 05, 2011  
Secretary of State

Entity Name: SUN CAPITAL ADVISORS, INC.

**Current Principal Place of Business:**

5200 TOWN CENTER CIRCLE  
SUITE 600  
BOCA RATON, FL 33486 US

**New Principal Place of Business:**

**Current Mailing Address:**

5200 TOWN CENTER CIRCLE  
SUITE 600  
BOCA RATON, FL 33486 US

**New Mailing Address:**

FEI Number: 65-0624186      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 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: DCEO  
Name: KROUSE, RODGER R DCEO  
Address: 5200 TOWN CENTER CIRCLE, SUITE 600  
City-St-Zip: BOCA RATON, FL 33486 US

Title: SEC  
Name: GORDON, JANINE SEC  
Address: 5200 TOWN CENTER CIRCLE, SUITE 600  
City-St-Zip: BOCA RATON, FL 33486 US

Title: DCFO  
Name: CALHOUN, KEVIN DCFO  
Address: 5200 TOWN CENTER CIRCLE, SUITE 600  
City-St-Zip: BOCA RATON, FL 33486 US

Title: DIR  
Name: COUCH, C. DERY DIR  
Address: 5200 TOWN CENTER CIRCLE, SUITE 600  
City-St-Zip: BOCA RATON, FL 33486 US

Title: DIR  
Name: FINNIGAN, DAVID DIR  
Address: 5200 TOWN CENTER CIRCLE, SUITE 600  
City-St-Zip: BOCA RATON, FL 33486 US

Title: DIR  
Name: KALB, MICHAEL DIR  
Address: 5200 TOWN CENTER CIRCLE, SUITE 600  
City-St-Zip: BOCA RATON, FL 33486 US

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: LAURA LOUIS

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

POA

04/05/2011

\_\_\_\_\_ Date