

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000015599

FILED
Apr 28, 2011
Secretary of State

Entity Name: ITL OCEAN, INC.

Current Principal Place of Business:

9485 REGENCY SQUARE BLVD.
SUITE 415
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

9485 REGENCY SQUARE BLVD.
SUITE 415
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 59-3366593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGLER, MITCHELL W
50 N. LAURA STREET
SUITE 2900
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

LEGLER, MITCHELL W
1431 RIVERPLACE BLVD.
SUITE 910
JACKSONVILLE, FL 32207 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:

04/28/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: SAIN, BERNARD S
Address: 9485 REGENCY SQUARE BLVD., SUITE 415
City-St-Zip: JACKSONVILLE, FL 32225

Title: D
Name: PATCH, GLENN R
Address: 9485 REGENCY SQUARE BLVD., SUITE 415
City-St-Zip: JACKSONVILLE, FL 32225

Title: D
Name: LEGLER, MITCHELL W
Address: 1431 RIVERPLACE BLVD., STE 910
City-St-Zip: JACKSONVILLE, FL 32207

Title: D
Name: SAIN, JASON A
Address: 9485 REGENCY SQUARE BLVD., SUITE 415
City-St-Zip: JACKSONVILLE, FL 32225

Title: O
Name: SWANSON, MITCHELL D
Address: 9485 REGENCY SQ. BLVD., STE 415
City-St-Zip: JACKSONVILLE, FL 32225

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: MITCHELL D SWANSON

VP

04/28/2011

Electronic Signature of Signing Officer or Director

Date