

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000030442

FILED
Jan 26, 2009
Secretary of State

Entity Name: RUDEN MCCLOSKEY CONSULTING, INC.

Current Principal Place of Business:

200 EAST BROWARD BLVD.
SUITE 1500
FT. LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

200 EAST BROWARD BLVD.
SUITE 1500
FT. LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 65-0677353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRUL, MICHAEL H
200 EAST BROWARD BLVD.
SUITE 1500
FT. LAUDERDALE, FL 33301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KRUL, MICHAEL H
Address: 200 E. BROWARD BLVD., SUITE 1500
City-St-Zip: FT. LAUDERDALE, FL 33301 US

Title: VSTD () Delete
Name: SCHUSTER, CARL
Address: 200 E. BROWARD BLVD., SUITE 1500
City-St-Zip: FT. LAUDERDALE, FL 33301 US

Title: VPAS () Delete
Name: SMALLWOOD, MARY
Address: 215 S. MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: VPAS (X) Delete
Name: COX, BERNICE
Address: 215 S. MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: AS () Delete
Name: LANE, DAVID
Address: 200 E. BROWARD BLVD., STE 1500
City-St-Zip: FT. LAUDERDALE, FL 33301 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL H. KRUL, PRESIDENT

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01/26/2009

Electronic Signature of Signing Officer or Director

_____ Date