

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P96000084523

**FILED**  
**Aug 04, 2011**  
**Secretary of State**

**Entity Name:** ADERANT NORTH AMERICA, INC.

**Current Principal Place of Business:**

2255 KILLEARN CTR BLVD.  
TALLAHASSEE, FL 32309 US

**New Principal Place of Business:**

1650 SUMMIT LAKE DRIVE  
SUITE 200  
TALLAHASSEE, FL 32317 US

**Current Mailing Address:**

2255 KILLEARN CTR BLVD.  
TALLAHASSEE, FL 32309 US

**New Mailing Address:**

1650 SUMMIT LAKE DRIVE  
SUITE 200  
TALLAHASSEE, FL 32317 US

**FEI Number:** 59-3410307

**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 ROAD  
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: PD  
Name: GIGLIO, CHRIS  
Address: 3525 PIEDMONT RD, BLDG 6, SUITE 620  
City-St-Zip: ATLANTA, GA 30305 US

Title: DST  
Name: PRICE, DEANE S  
Address: 3525 PIEDMONT RD, BLDG 6, SUITE 620  
City-St-Zip: ATLANTA, GA 30305 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: DEANE S PRICE

DST

08/04/2011

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

\_\_\_\_\_  
Date