

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000103042

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** TOXICOLOGY ECOLOGY RESEARCH RISK ASSESSMENT, INC.

**Current Principal Place of Business:**

1234 TIMBERLANE RD  
TALLAHASSEE, FL 32312 US

**New Principal Place of Business:**

**Current Mailing Address:**

1234 TIMBERLANE RD  
TALLAHASSEE, FL 32312 US

**New Mailing Address:**

**FEI Number:** 59-3416786

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JAMES, ROBERT C  
3711 LONGCHAMP CIRCLE  
TALLAHASSEE, FL 32309 US

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

JAMES, ROBERT C  
5986 COLONEL SCOTT WAY  
TALLAHASSEE, FL 32309 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:**

Electronic Signature of Registered Agent

01/06/2011

Date

**OFFICERS AND DIRECTORS:**

**Title:** DR  
**Name:** JAMES, ROBERT C  
**Address:** 5986 COLONEL SCOTT WAY  
**City-St-Zip:** TALLAHASSEE, FL 32309

**Title:** V  
**Name:** WOODS, JANICE B  
**Address:** 7708 SUMMER TANAGER DR  
**City-St-Zip:** TALLAHASSEE, FL 32312

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:** ROBERT C. JAMES

DR

01/06/2011

Electronic Signature of Signing Officer or Director

Date