

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000107615

Entity Name: 260 FRANKLIN, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

1801 HERMITAGE BLVD
SUITE 100
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1801 HERMITAGE BLVD
SUITE 100
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3483599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BENNETT, DOUGLAS W
Address: 1801 HERMITAGE BLVD, SUITE 100
City-St-Zip: TALLAHASSEE, FL 32308

Title: VS () Delete
Name: MCCARTHY, THOMAS
Address: 191 N. WACKER DR, STE 2500
City-St-Zip: CHICAGO, IL 60606

Title: DVAS () Delete
Name: SMITH, JEFFREY L
Address: 1801 HERMITAGE BLVD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: DVAT () Delete
Name: GRAY, LYNNE M
Address: 1801 HERMITAGE BLVD, SUITE 100
City-St-Zip: TALLAHASSEE, FL 32308

Title: VAS () Delete
Name: FERRANTE, ANTHONY M
Address: 191 N. WACKER DRIVE, STE 2500
City-St-Zip: CHICAGO, IL 60606

Title: VT () Delete
Name: SMITH, ROGER E.
Address: 191 N. WACKER DR, STE 2500
City-St-Zip: CHICAGO, IL 60606

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: VAS (X) Change () Addition
Name: LIEB, STEVEN
Address: 191 N. WACKER DRIVE, STE 2500
City-St-Zip: CHICAGO, IL 60606

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: ROGER E. SMITH

VT

04/27/2009

Electronic Signature of Signing Officer or Director

Date