# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 13, 2009**
**Secretary of State**

DOCUMENT# P98000003966

**Entity Name:** HOLLERAN CONSULTING GROUP, INC.

**Current Principal Place of Business:**

801 N. ORANGE AVE.
SUITE 810
ORLANDO, FL 32801 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O NFP, 500 W. MADISON ST.
STE. 2400
CHICAGO, IL 60661

**New Mailing Address:**

**FEI Number: 59-3491019** **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: PTD ( ) Delete
Name: CASH, JOHN T JR.
Address: 801 N. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

Title: SD ( ) Delete
Name: CASH, JOHN T III
Address: 801 N. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801 US

Title: VP ( ) Delete
Name: LEISER, LORI M
Address: 500 W. MADISON ST.
City-St-Zip: CHICAGO, IL 60661

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**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: D ( ) Change (X) Addition
Name: SCHNEIDER, BRETT
Address: 340 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10173

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: LORI M. LIESER VP 04/13/2009

Electronic Signature of Signing Officer or Director — Date