## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000009060

Entity Name: SCHOONER WESTERN UNION INC.

FILED Apr 14, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

201 FRONT ST. 201 FRONT STREET

SUITE 224 SUITE 224

KEY WEST, FL 33040 KEY WEST, FL 33040 US

Current Mailing Address: New Mailing Address:

201 FRONT ST., SUITE 224 201 FRONT STREET

KEY WEST, FL 33040 SUITE 224

KEY WEST, FL 33040 US

FEI Number: 65-0817504 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SWIFT, EDWIN O III
201 FRONT ST., SUITE 224
KEY WEST, FL 33040 US
SWIFT, EDWIN O III
201 FRONT STREET
SUITE 224
SUITE 224

KEY WEST, FL 33040 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: 04/14/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

KEY WEST, FL 33040

## **OFFICERS AND DIRECTORS:**

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

KEY WEST, FL 33040 US

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name: SWIFT, EDWIN O III Name: SWIFT, EDWIN O III

 Address:
 201 FRONT STREET, SUITE 224
 Address:
 201 FRONT STREET, SUITE 224

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040 US

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition Name: BELLAND, CHRISTOPHER Name: BELLAND, CHRISTOPHER

 Address:
 201 FRONT STREET, SUITE 224
 Address:
 201 FRONT STREET, SUITE 224

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040 US

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition Name: MOSHER, GERALD R Name: MOSHER, GERALD R

 Name
 MOSHER, GERALD R
 Name
 MOSHER, GERALD R

 Address:
 201 FRONT ST., SUITE 310
 Address:
 201 FRONT ST., SUITE 310

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040 US

Title: T ( ) Delete Title: T (X) Change ( ) Addition Name: MCPHERSON, BENJAMIN Name: MCPHERSON, BENJAMIN Address: 201 FRONT STREET, SUITE 107

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.

City-St-Zip:

SIGNATURE: EDWIN O. SWIFT, III P 04/14/2009