

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000074973

Entity Name: 278 POST STREET, INC.

FILED
Apr 15, 2011
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: 59-3532176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEMS
1200 SOUTH 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

OFFICERS AND DIRECTORS:

Title: DVAS
Name: SMITH, JEFFERY L
Address: 1801 HERMITAGE BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: VT
Name: SMITH, ROGER E
Address: 191 N. WACKER DRIVE, SUITE 2500
City-St-Zip: CHICAGO, IL 60606

Title: VAS
Name: HUDGINS, MARK
Address: 191 N. WACKER DRIVE, SUITE 2500
City-St-Zip: CHICAGO, IL 60606

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

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

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

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: ROGER E SMITH

VT

04/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date