

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000081170

**FILED**  
**May 16, 2012**  
**Secretary of State**

**Entity Name:** SOUTHEASTERN PENSION SERVICES, INC.

**Current Principal Place of Business:**

545 METRO PLACE SOUTH  
SUITE 240  
DUBLIN, OH 43017 US

**New Principal Place of Business:**

1540 INTERNATIONAL PARKWAY  
SUITE 2000  
LAKE MARY, FL 32746 US

**Current Mailing Address:**

485 METRO PLACE SOUTH  
SUITE 275  
DUBLIN, OH 43035

**New Mailing Address:**

545 METRO PLACE SOUTH  
SUITE 240  
DUBLIN, OH 43035

**FEI Number:** 59-3539467

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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: CFO  
Name: LARKIN, CHRIS  
Address: 485 METRO PLACE SOUTH SUITE 275  
City-St-Zip: DUBLIN, OH 43017

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: CHRIS LARKIN

CFO

05/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date