2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000098154

Entity Name: ELECTRONIC DATA, INC.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
780 CARILLON PARKWAY SUITE 100 ST. PETERSBURG, FL 33716					
Current Mailing Address:			New Mailing Address:		
780 CARILLON PARKWAY SUITE 100 ST. PETERSBURG, FL 33716					
FEI Number:	59-3607837	FEI Number Applied For () FEI Num	nber Not Applic	able ()	Certificate of Status Desired (X)
Name and	ırrent Registered Agent:	Name and Address of New Registered Agent:			
FLYNN, JAMES P 9876 INDIAN KEY TRAIL SEMINOLE, FL 33776 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:					
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MAHAZ, JOSEPH 2026 IOWA AVEI		Title: Name: Address: City-St-Zip:		()Change ()Addition
Title: Name: Address: City-St-Zip:	VP ()[VICKERY, SEAN 18819 CHAVILLE LUTZ, FL 33558	ROAD	Title: Name: Address: City-St-Zip:	CARRICK, W 8816 HANDE	
Title: Name: Address: City-St-Zip:	ST ()[FLYNN, JAMES F 9876 INDIAN KE' SEMINOLE, FL	Y TRAIL	Title: Name: Address: City-St-Zip:		()Change ()Addition
Title: Name: Address: City-St-Zip:	EVP ()[CARRICK, WILLI 8816 HANDEL LO LAND O LAKES,	DOP	Title: Name: Address: City-St-Zip:	CHAUNCEY, 7918 CYPRE	(X) Change()Addition JAMES B ESS LAKE DRIVE FL 34243 US
Title: Name: Address: City-St-Zip:	VP ()[CHAUNCEY, JAN 7918 CYPRESS SARASOTA, FL	LAKE DRIVE	Title: Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	WALTER, ALEXA	LE MABRY HIGHWAY # 9202	Title: Name: Address: City-St-Zip:		()Change ()Addition

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: JAMES P. FLYNN ST 03/24/2009