

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V17001

Entity Name: SUDSCO, INC.

FILED
Jan 17, 2011
Secretary of State

Current Principal Place of Business:

1001 E. ATLANTIC AVE STE 202
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

1000 MARKET STREET
BLDG 1
PORTSMOUTH, NH 03802 US

New Mailing Address:

FEI Number: 65-0332130 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: P
Name: WALSH, MARK
Address: 1001 E. ATLANTIC AVE STE 202
City-St-Zip: DELRAY BEACH, FL 33483

Title: V
Name: BERGER, ANDREW
Address: 1001 E. ATLANTIC AVE STE 202
City-St-Zip: DELRAY BEACH, FL 33483

Title: S
Name: CRITCHFIELD, RICHARD H.
Address: 1001 E. ATLANTIC AVE STE 202
City-St-Zip: DELRAY BEACH, FL 33483

Title: V
Name: WALSH, MICHAEL
Address: 1001 E. ATLANTIC AVE., SUITE 202
City-St-Zip: DELRAY BEACH, FL 33483

Title: V
Name: WALSH, WILLIAM
Address: 1000 MARKET STREET SUITE 300
City-St-Zip: PORTSMOUTH, NH 03801

Title: EVP
Name: ADE, RICHARD
Address: 1000 MARKET STREET, SUITE 300
City-St-Zip: PORTSMOUTH, NH 03801

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: RICHARD C. ADE

EVP

01/17/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date