2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003872

PALSSON, JOHANNES

141 HURRICANE SHOALS ROAD

LAWRENCEVILLE, GA 30045

Name:

Address:

City-St-Zip:

Entity Name: THE BRAND BANKING COMPANY

FILED Jan 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 141 HURRICANE SHOALS ROAD LAWRENCEVILLE, GA 30046 **Current Mailing Address: New Mailing Address:** 141 HURRICANE SHOALS ROAD ATTN: AMY BUTTLER/ BILL VILLARI LAWRENCEVILLE, GA 30046 FEI Number: 58-0169357 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SADER, ROBERT L 1901 W. CYPRESS CREEK ROAD SUITE 415 FORT LAUDERDALE, FL 33309 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: () Delete Title: () Change () Addition MORGAN, BARTOW JR. Name: Name: 106 CROGAN STREET Address: Address: City-St-Zip: LAWRENCEVILLE, GA 30045 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SMITH, CHRISTOPHER A Name: 141 HURRICANE SHOALS ROAD Address: Address: LAWRENCEVILLE, GA 30045 City-St-Zip: City-St-Zip: Title: Title: TCFO () Delete () 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER A.SMITH PRES 01/09/2009