

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G79652

FILED
Jan 05, 2009
Secretary of State

Entity Name: E.C. DRIVER & ASSOCIATES, INC.

Current Principal Place of Business:

150 E PALMETTO PARK RD.
STE. 400
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

600 MONTGOMERY STREET
25TH FLOOR
SAN FRANCISCO, CA 94111 US

New Mailing Address:

FEI Number: 59-2375705 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: MILLER, HUGH
Address: 3676 HARTSFIELD RD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: P () Delete
Name: ECHAGARRUA, MARIO
Address: 7119 BEECH RIDGE TRAIL
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: JANDEGIAN, GARY Y
Address: 600 MONTGOMERY ST., 25TH FLR.
City-St-Zip: SAN FRANCISCO, CA 94111

Title: S () Delete
Name: JONES, KRISTIN L
Address: 600 MONTGOMERY ST. 25TH FL
City-St-Zip: SAN FRANCISCO, CA 94111

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: PHILLIPS, JAMES
Address: 7119 BEECH RIDGE TRAIL
City-St-Zip: TALLAHASSEE, FL 32312

Title: V () Change (X) Addition
Name: COSTA, LUIS A
Address: 150 EAST PALMETTO PARK ROAD
City-St-Zip: BOCA RATON, FL 33830

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: KRISTIN L JONES

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01/05/2009

Electronic Signature of Signing Officer or Director

_____ Date