

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000060578

FILED
Apr 14, 2009
Secretary of State

Entity Name: PAVILION BROKERAGE COMPANY

Current Principal Place of Business:

5605 CARNEGIE BLVD.
SUITE 110
CHARLOTTE, NC 28209

New Principal Place of Business:

Current Mailing Address:

5605 CARNEGIE BLVD.
SUITE 110
CHARLOTTE, NC 28209

New Mailing Address:

FEI Number: 20-1008350 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARR, TODD O
Address: 5605 CARNEGIE BLVD. , SUITE 110
City-St-Zip: CHARLOTTE, NC 28209

Title: VP () Delete
Name: DAVIES, RICHARD M
Address: 5605 CARNEGIE BLVD. , SUITE 110
City-St-Zip: CHARLOTTE, NC 28209

Title: T () Delete
Name: HOWE, CYNTHIA K
Address: 5605 CARNEGIE BLVD. , SUITE 110
City-St-Zip: CHARLOTTE, NC 28209

Title: AS () Delete
Name: LANKFORD, THOMAS TODD
Address: 5605 CARNEGIE BLVD. , SUITE 110
City-St-Zip: CHARLOTT, NC 28209

Title: S () Delete
Name: PORTER, KERRI CARTER
Address: 5605 CARNEGIE BLVD. , SUITE 110
City-St-Zip: CHARLOTT, NC 28209

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: S (X) Change () Addition
Name: ROBERTSON, MEREDITH K
Address: 5605 CARNEGIE BLVD. , SUITE 110
City-St-Zip: CHARLOTT, NC 28209

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: MEREDITH K ROBERTSON

S

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date