2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14085

Name:

Address:

City-St-Zip:

Entity Name: NAMASCO CORPORATION

FILED Mar 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 907 S. 20TH STREET TAMPA, FL 33605 **Current Mailing Address: New Mailing Address:** 500 COLONIAL CENTER PKWY STE 500 ROSWELL, GA 30076 US FEI Number: 38-0246626 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: BOEDEKER, JAMES CT CORPORATION 1200 SOUTH PINE ISLAND RD. 907 S 20TH STREET TAMPA, FL 33605 PLANTATION, FL 33324 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: JENNIFER AULTMAN 03/06/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: VTSD () Delete Title: () Change () Addition Name: JOHNSON, KIRK A Name: 500 COLONIAL CENTER PKWY STE 500 Address: Address: City-St-Zip: ROSWELL, GA 30076 City-St-Zip: Title: P/D Title: () Delete (X) Change () Addition PARTALIS, WILLIAM Name: Name: PARTALIS, WILLIAM A 500 COLONIAL CENTER PKWY STE 500 500 COLONIAL CENTER PKWY STE 500 Address: Address: ROSWELL, GA 30076 ROSWELL, GA 30076 City-St-Zip: City-St-Zip: Title: () Change (X) Addition Title: () Delete AS MOSELEY, ANDREA Name: Name: 500 COLONIAL CENTER PKWY, SUITE 500 Address Address: City-St-Zip: City-St-Zip: ROSWELL, GA 30076 US Title: () Delete Title: AS () Change (X) 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:

HEUSTESS, AMY

ROSWELL, GA 30076

500 COLONIAL CENTER PKWY, SUITE 500

SIGNATURE: AMY HEUSTESS AS 03/06/2009