

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23551

FILED
May 05, 2009
Secretary of State

Entity Name: EDI, LTD CORPORATION

Current Principal Place of Business:

1600 RIVEREDGE PARKWAY, SUITE 900
ATLANTA, GA 30328 US

New Principal Place of Business:

1600 RIVEREDGE PARKWAY
SUITE 900
ATLANTA, GA 30328 US

Current Mailing Address:

1600 RIVEREDGE PARKWAY, SUITE 900
ATLANTA, GA 30328 US

New Mailing Address:

1600 RIVEREDGE PARKWAY
SUITE 900
ATLANTA, GA 30328 US

FEI Number: 58-1698642 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CDT () Delete
Name: KINSER, DONALD E
Address: 1263 COLONY DR.
City-St-Zip: MARIETTA, GA 30068 US

Title: PS () Delete
Name: HEBBLETHWAITE, J. KEVIN
Address: 6641 CASTLETON DR
City-St-Zip: ATLANTA, GA 30328

Title: DV () Delete
Name: HARRISON, JIM P
Address: 2858 INTERLAKEN DR
City-St-Zip: MARIETTA, GA 30062 US

Title: D () Delete
Name: BURROUGHS, H.E. BARNEY
Address: 225 MT. RANIER WAY
City-St-Zip: ALPHARETTA, GA 30022 US

Title: DV () Delete
Name: MCDONELL, T. JERRY
Address: 1123 MISTY HOLLOW DR.
City-St-Zip: MARIETTA, GA 30068 US

Title: V () Delete
Name: LEGER, JOSEPH L
Address: 25807 SE 42ND WAY
City-St-Zip: ISSAQUAH, WA 98029 US

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

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

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: CYNTHIA L. CATES, CPA

MS.

05/05/2009

Electronic Signature of Signing Officer or Director

_____ Date