

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P37802

FILED
Mar 31, 2010
Secretary of State

Entity Name: EDWARDS AND KELCEY, INC.

Current Principal Place of Business:

799 MADISON AVE
MORRISTOWN, NJ 07962 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7084
PASADENA, CA 911097084 US

New Mailing Address:

FEI Number: 22-1623519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: P
Name: MARTIN, CRAIG L
Address: 1111 SOUTH ARROYO PARKWAY
City-St-Zip: PASADENA, CA 91105

Title: S
Name: MARKLEY, WILLIAM C III
Address: 1111 S. ARROYO PARKWAY
City-St-Zip: PASADENA, CA 91105

Title: T
Name: PROSSER, JOHN W JR.
Address: 1111 S. ARROYO PARKWAY
City-St-Zip: PASADENA, CA 91105

Title: AS
Name: ROBERTSON, JEFFREY D
Address: 1111 S. ARROYO PARKWAY
City-St-Zip: PASADENA, CA 91105

Title: D
Name: KUNBERGER, GEORGE A
Address: 1111 S. ARROYO PARKWAY
City-St-Zip: PASADENA, CA 91105

Title: D
Name: MCMAHON, KEVIN J
Address: 299 MADISON AVE
City-St-Zip: MORRISTOWN, NJ 07962

I hereby 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 all other like empowered.

SIGNATURE: JOHN W. PROSSER, JR.

TREA

03/31/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date