

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 820713

FILED
Apr 19, 2011
Secretary of State

Entity Name: JOHNSONITE INC.

Current Principal Place of Business:

16910 MUNN RD
CHAGRIN FALLS, OH 44023

New Principal Place of Business:

Current Mailing Address:

16910 MUNN RD
CHAGRIN FALLS, OH 44023

New Mailing Address:

FEI Number: 34-0317950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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

OFFICERS AND DIRECTORS:

Title: D
Name: GIANNUZZI, MICHEL
Address: 2 RUE DE L'EGALITE
City-St-Zip: NANTERRE, FR 92748 FR

Title: D
Name: BARTHELEMY, FABRICE
Address: 2 RUE DE L'EGALITE
City-St-Zip: NANTERRE, FR 92748 FR

Title: S
Name: SOUHA, AZAR
Address: 8088 MONTVIEW ROAD
City-St-Zip: MONTREAL, QC H4P 2L7 CA

Title: DP
Name: BUTTITTA, LOUIS J
Address: 16910 MUNN RD
City-St-Zip: CHAGRIN FALLS, OH 44023 US

Title: T
Name: COCHRAN, GEARY C
Address: 16910 MUNN RD
City-St-Zip: CHAGRIN FALLS, OH 44023 US

Title: AS
Name: VANDERWIST, KATHRYN
Address: 16910 MUNN RD
City-St-Zip: CHAGRIN FALLS, OH 44023 US

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: GEARY C COCHRAN

T

04/19/2011

Electronic Signature of Signing Officer or Director

_____ Date