2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#832102

Title:

Name:

Address:

City-St-Zip:

VD

MILORD, PHILIP J

BRIDGEVIEW, IL

() Delete

9801 S INDUSTRIAL DRIVE

FILED Apr 23, 2009 Secretary of State

Entity Name: R.T. MILORD CO.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	DUSTRIAL DI EW, IL 60455				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	DUSTRIAL DI EW, IL 60455				
FEI Number:	36-2355396	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
MILORD, WILLIAM J 10405 ST ANDREWS BOYNTON BEACH, FL 33436 US			1201 HAYS STREET	CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US	
The above in the State		submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: CORPORATION SERVICE COMPANY					
SIGNATUR	RE: CORPO	RATION SERVICE COMPANY		04/23/2009	
SIGNATUR		RATION SERVICE COMPANY nic Signature of Registered Age	ent	04/23/2009 Date	
	Electro		ent		
Election Cam	Electro	nic Signature of Registered Age og Trust Fund Contribution ().			
Election Cam	Electro	nic Signature of Registered Age og Trust Fund Contribution (). CTORS:) Delete L J TRIAL DR	ADDITIONS/CHANGE	Date	
Election Cam OFFICERS Title: Name: Address:	Electro paign Financin AND DIREC PD (MILORD, PAUI 9801 S INDUS BRIDGEVIEW, VD (MILORD, WILL 10405 ST AND	nic Signature of Registered Age og Trust Fund Contribution (). CTORS:) Delete L J TRIAL DR , IL 00000,) Delete LIAM J	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip:	Date S TO OFFICERS AND DIRECTORS:	
Election Cam OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	Electro paign Financin AND DIREC PD (MILORD, PAUI 9801 S INDUS BRIDGEVIEW, VD (MILORD, WILL 10405 ST AND BOYNTON BEA	nic Signature of Registered Age of Trust Fund Contribution (). CTORS:) Delete L J TRIAL DR , IL 00000,) Delete LIAM J J J J J J J J J J J J J J J J J J J	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	Date S TO OFFICERS AND DIRECTORS: () Change () 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL R. THOMAS T 04/23/2009

() Change () Addition