

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001834

FILED
Aug 06, 2009
Secretary of State

Entity Name: SCHOELLER WAVIN SYSTEMS, INC.

Current Principal Place of Business:

3000 TOWNCENTER DRIVE
SUITE 620
SOUTHFIELD, MI 48075

New Principal Place of Business:

5202 OLD ORCHARD RD
SUITE 110
SKOKIE, IL 60077

Current Mailing Address:

3000 TOWNCENTER DRIVE
SUITE 620
SOUTHFIELD, MI 48075

New Mailing Address:

5202 OLD ORCHARD RD
SUITE 110
SKOKIE, IL 60077

FEI Number: 59-3634227

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 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: D () Delete
Name: WOLFKAMP, RENE
Address: 3000 TOWNCENTER DRIVE
City-St-Zip: SOUTHFIELD, MI 48075

Title: D () Delete
Name: BOKX, ERIK DE
Address: 3000 TOWNCENTER DRIVE
City-St-Zip: SOUTHFIELD, MI 48075

Title: D () Delete
Name: LINNA, KATI
Address: 3000 TOWNCENTER DRIVE
City-St-Zip: SOUTHFIELD, MI 48075

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WOLFKAMP, RENE
Address: 5202 OLD ORCHARD RD
City-St-Zip: SKOKIE, IL 60077

Title: D (X) Change () Addition
Name: BOKX, ERIK DE
Address: 5202 OLD ORCHARD RD
City-St-Zip: SKOKIE, IL 60077

Title: D (X) Change () Addition
Name: ENGLE, ROBERT
Address: 5202 OLD ORCHARD RD
City-St-Zip: SKOKIE, IL 60077

Title: D () Change (X) Addition
Name: EDGCOMB, SCOTT
Address: 5202 OLD ORCHARD
City-St-Zip: SKOKIE, IL 60077

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: KATIE MOYNAHAN

D

08/06/2009

Electronic Signature of Signing Officer or Director

Date