

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004828

FILED  
Jun 27, 2008  
Secretary of State

Entity Name: AMERICAN RENOLIT CORPORATION

**Current Principal Place of Business:**

1207 LINCOLNWAY  
LA PORTE, IN 46350

**New Principal Place of Business:**

**Current Mailing Address:**

1207 LINCOLNWAY  
LA PORTE, IN 46350

**New Mailing Address:**

FEI Number: 76-0330080      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: BACKHAUS, ULLRICH  
Address: 1207 LINCOLNWAY  
City-St-Zip: LA PORTE, IN 46350

Title: D ( ) Delete  
Name: KUNDEL, MICHAEL  
Address: 1207 LINCOLNWAY  
City-St-Zip: LA PORTE, IN 46350

Title: D ( ) Delete  
Name: BRUDER, AXEL  
Address: 1207 LINCOLNWAY  
City-St-Zip: LA PORTE, IN 46350

Title: PD ( ) Delete  
Name: EHRlich, ARNDT H  
Address: 1207 LINCOLNWAY  
City-St-Zip: LA PORTE, IN 46350

Title: ST ( ) Delete  
Name: MOSMAN, EILEEN  
Address: 1207 LINCOLNWAY  
City-St-Zip: LA PORTE, IN 46350

**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:

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: EILEEN MOSMAN

ST

06/27/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date