

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # F0600005310

1. Entity Name
 IPS STRUCTURAL ADHESIVES, INC.



Principal Place of Business
 600 ELLIS ROAD
 DURHAM, NC 27703

Mailing Address
 455 W. VICTORIA ST
 COMPTON, CA 90220



02202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 20-5165553 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEBLANE, EDWARD
STREET ADDRESS	3509 BROMLEY WOODS LN
CITY-ST-ZIP	GREENSBORO, NC 27410
TITLE	D
NAME	BARRY, ALAN
STREET ADDRESS	3833 COVE CIRCLE
CITY-ST-ZIP	COMMERCE TOWNSHIP, MI 48382
TITLE	CEO
NAME	BESCOBY, ERIC
STREET ADDRESS	455 WEST VICTORIA STREET
CITY-ST-ZIP	COMPTON, GA 90220
TITLE	VP
NAME	BRIGGS, PAUL
STREET ADDRESS	600 ELLIS ROAD
CITY-ST-ZIP	DURHAM, NC 27703
TITLE	CFOT
NAME	SANZARI, RICHARD
STREET ADDRESS	455 W. VICTORIA ST
CITY-ST-ZIP	COMPTON, CA 90220
TITLE	D
NAME	BILBROUGH, TRACY
STREET ADDRESS	112 KING SPORT RD
CITY-ST-ZIP	HOLLY SPRINGS, NC 27540

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Sanzari 2/20/08 (310) 898-3303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #