

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001352

FILED  
Feb 18, 2010  
Secretary of State

Entity Name: WELCH ALLYN, INC.

**Current Principal Place of Business:**

4341 STATE ST. RD.  
SKANEATELES FALLS, NY 13153

**New Principal Place of Business:**

**Current Mailing Address:**

4341 STATE ST. RD.  
SKANEATELES FALLS, NY 13153

**New Mailing Address:**

FEI Number: 02-0623407      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: SHIMER, JULIE  
Address: 4341 STATE ST. RD.  
City-St-Zip: SKANEATELES FALLS, NY 13153

Title: SECR  
Name: PORTER, GREGORY D  
Address: 4341 STATE ST. RD.  
City-St-Zip: SKANEATELES FALLS, NY 13153

Title: SVP  
Name: HORAN, JAMES M  
Address: 4341 STATE ST. RD.  
City-St-Zip: SKANEATELES FALLS, NY 13153

Title: VP  
Name: STEADMAN, JOHN  
Address: 4341 STATE ST. RD.  
City-St-Zip: SKANEATELES FALLS, NY 13153

Title: VP  
Name: HORACEK, CHRIS  
Address: 4341 STATE ST. RD.  
City-St-Zip: SKANEATELES FALLS, NY 13153

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: CHRIS HORACEK

VP

02/18/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date