

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001352

FILED
May 01, 2012
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

OFFICERS AND DIRECTORS:

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

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

Title: D
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: T
Name: BENNETT, JOHN P
Address: 4341 STATE ST. RD.
City-St-Zip: SKANEATELES FALLS, NY 13153

Title: D
Name: PORTER, GREGORY D
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

S

05/01/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date