

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003978

FILED
Apr 26, 2011
Secretary of State

Entity Name: THE GUARDIAN WARRANTY CORPORATION

Current Principal Place of Business:

407 MCALPINE STREET
AVOCA, PA 18641

New Principal Place of Business:

SHOWROOM LEVEL, 40 COAL STREET
WILKES-BARRE, PA 18702

Current Mailing Address:

407 MCALPINE STREET
AVOCA, PA 18641

New Mailing Address:

SHOWROOM LEVEL, 40 COAL STREET
WILKES-BARRE, PA 18702

FEI Number: 80-0641898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

OFFICERS AND DIRECTORS:

Title: ST
Name: DREABIT, PAUL T
Address: SHOWROOM LEVEL, 40 COAL STREET
City-St-Zip: WILKES-BARRE, PA 18702

Title: PCEO
Name: GLANDER, ROBERT
Address: SHOWROOM LEVEL, 40 COAL STREET
City-St-Zip: WILKES-BARRE, PA 18702

Title: D
Name: GLANDER, ROBERT
Address: SHOWROOM LEVEL, 40 COAL STREET
City-St-Zip: WILKES-BARRE, PA 18702

Title: D
Name: SCHWARTZ, SCOTT
Address: SHOWROOM LEVEL, 40 COAL STREET
City-St-Zip: WILKES-BARRE, PA 18702

Title: D
Name: HELLE, DANIEL
Address: SHOWROOM LEVEL, 40 COAL STREET
City-St-Zip: WILKES-BARRE, PA 18702

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: PAUL T DREABIT

ST

04/26/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date