## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State** DOCUMENT # F92000000910 02-08-2007 90048 008 \*\*\*150.00 HARBORLITE CORPORATION Principal Place of Business Mailing Address 40011919 130 CASTILIAN DR P.O. BOX 999 OUINCY, FL 32353 0000 US-GOLETA, CA 93117 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 130 Castilian I Suite, Apt. #, etc. Suite, Apt. #\_etc. 02012007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 33-0536962 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 City Zip Code FL 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. It am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable, (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VPS TITLE Change ☐ Addition ☐ Delete TITLE SALES MANAGER BAIMEL, STEPHEN H NAME NAME BAIMEL, STEPHEN H STREET ADDRESS 130 CASTILIAN DR STREET ADDRESS 130 CASTILIAN DRIVE GOLETA, CA 93117 CITY-ST-ZIP SANTA BARBARA, CA 93117 CITY-ST-ZIP VP Change TITLE ☐ Delete TITLE ☐ Addition VP, GM AND DIRECTOR MONCINO, DANIEL NAME NAME MONCINO, DANIEL STREET ADDRESS 130 CASTILIAN DR STREET ADDRESS 130 CASTILIAN DRIVE CITY-ST-ZIP GOLETA, CA 93117 CITY-ST-ZIP GOLETA, CA 93117 TITLE ☐ Delete TITLE Change TREASURER, CONTROLLER & DIRECTOR MACQUET, FRANCIS NAME NAME MACQUET, FRANCOIS STREET ADDRESS 130 CASTILIAN DR STREET ADDRESS 130 CASTILIAN DRIVE GOLETA, CA 93117 CITY-ST-ZIP GOLETA, CA 93117 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change SECRETARY & CORPORATE COUNSEL NAME NAME KUYKENDALL, JAMES B. 130 CASTILIAN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GOLETA, CA 93117 Addition ☐ Delete TITLE TITLE ☐ Change **GM-PERLITE AMERICAS** NAME CABY, DAMIEN NAME 130 CASTILIAN DRIVE STREET ADDRESS STREET ADDRESS **GOLETA, CA 93117** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED Feb 08, 2007 8:00 am