2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000296

Entity Name: CORRPRO TECHNOLOGIES, INC.

FILED May 28, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1090 ENTERPRISE DR MEDINA, OH 44256 US					SON AVENUE FIELD, MO 63005	US
Current Mailing Address:				New Mailing Address:		
% CORPORATE TAX 1055 WEST SMITH ROAD MEDINA, OH 44256				17988 EDISON AVENUE CHESTERFIELD, MO 63005 US		
FEI Number:	34-1422570	FEI Number Applied For ()	FEI Num	nber Not Appl	icable () Certific	cate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,						
in the State						
SIGNATURE: Electronic Signature of Registered Agent Date						
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title: Name: Address: City-St-Zip:		Delete ES A ISE DR		Title: Name: Address: City-St-Zip:		() Addition
Title: Name: Address: City-St-Zip:	V () KROON, DAVID 7000B HOLLIST HOUSTON, TX	ER		Title: Name: Address: City-St-Zip:	S/D (X) Change MORRIS, DAVID F 17988 EDISON AVENUE CHESTERFIELD, MO 6	
Title: Name: Address: City-St-Zip:	P () JOHNSON, DAV 7000 B HOLLIST HOUSTON, TX	ΓER		Title: Name: Address: City-St-Zip:	V/D (X) Change MARTIN, DAVID A 17988 EDISON AVENUE CHESTERFIELD, MO 6	
Title: Name: Address: City-St-Zip:	VTCF () MAYER, ROBEF 1090 ENTERPR MEDINA, OH 44	ISE DR.		Title: Name: Address: City-St-Zip:	VTCF (X) Change MAYER, ROBERT M 1090 ENTERPRISE DR MEDINA, OH 44256 US	
Title: Name: Address: City-St-Zip:	S () PATTERSON, D 1090 ENTERPR MEDINA, OH 44	ISE DR.		Title: Name: Address: City-St-Zip:	D (X) Change BURGESS, J. JOSEPH 17988 EDISON AVENUE CHESTERFIELD, MO 6	
Title: Name: Address: City-St-Zip:	D (X) APPLEBAUM, J/ 750 N ST PAUL DALLAS, TX 75	ST STE 1200		Title: Name: Address: City-St-Zip:	()Change	() Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID F. MORRIS S/D 05/28/2009