


**FILED**  
**Aug 20, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90127 014 \*\*\*150.00  
 08-20-2007 90057 002 \*\*\*408.75

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # F94000003118</b>					
1. Entity Name INFILCO DEGREMONT, INC.					
Principal Place of Business 8007 DISCOVERY DRIVE RICHMOND, VA 23229 US			Mailing Address PO BOX 71390 RICHMOND, VA 23255-1390 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 22-2023093	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCY, VERNON D III		NAME		
STREET ADDRESS	8007 DISCOVERY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND, VA 23229		CITY-ST-ZIP		
TITLE	CEO	<input checked="" type="checkbox"/> Delete	TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUCHECORNE, MARC		NAME	Shyam Bhan	
STREET ADDRESS	8007 DISCOVERY DRIVE		STREET ADDRESS	8007 Discovery Drive	
CITY-ST-ZIP	RICHMOND, VA 23229		CITY-ST-ZIP	Richmond, VA 23229	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JAMES		NAME		
STREET ADDRESS	8007 DISCOVERY DR.		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND, VA 23229		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	CFO/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Stephane Puron	
STREET ADDRESS			STREET ADDRESS	8007 Discovery Drive	
CITY-ST-ZIP			CITY-ST-ZIP	Richmond, VA23229	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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.					
SIGNATURE: <i>James E. Brown</i>		James E. Brown Sec.		7/05/ 2007 (804) 756-7721	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Device Phone #	

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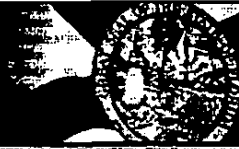


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ATTACHMENT

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DIVISION OF CORPORATIONS



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