## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000005102

MOLOKOTOS, THANASIS

110 SARGENT DRIVE

NEW HAVEN, CT 06511

Name:

Address:

City-St-Zip:

FILED Jan 25, 2008 Secretary of State

Entity Nar	ne: MUL-T-LO	DCK USA, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
300-1 ROL LODI, NJ	JTE 17 SOUTH 07644	I, SUITE 7					
Current Mailing Address:			New Mailing Address:				
110 SARG	ABLOY, INC. ENT DR. EN, CT 06511						
FEI Number:	52-1668607	FEI Number Applied For ( )	FEI Number Not Appli	cable ( )	Certificate of Status D	esired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1200 SOU	ORATION SYS TH PINE ISLAI ON, FL 33324	ND RD.					
	named entity s e of Florida.	submits this statement for the	purpose of changing it	s registered off	ïce or registered ag	gent, or both,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered A	gent		Date		
Election Car	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	COB () WEISENFIELD 300-1 RT 17 SC LODI, NJ 0764	OUTH, SUITE 7	Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	P () RACHLIN, RON 300-1 RT 17 SC LODI, NJ 0764		Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	A/S () MERESCHUK, 110 SARGENT NEW HAVEN, C	DRIVE	Title: Name: Address: City-St-Zip:	AS (X) O MERESCHUK, JI 110 SARGENT D NEW HAVEN, CT	RIVE		
Title:	DIR ()	Delete	Title:	( ) (	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.

Name:

Address:

City-St-Zip:

SIGNATURE: JEFFREY A. MERESCHUK AS 01/25/2008