

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04707

FILED
Apr 15, 2009
Secretary of State

Entity Name: BRIGGS PLUMBING PRODUCTS, INC.

Current Principal Place of Business:

300 EAGLE ROAD
GOOSE CREEK, SC 29445

New Principal Place of Business:

Current Mailing Address:

PO BOX 1728
GOOSE CREEK, SC 29445

New Mailing Address:

FEI Number: 38-2567751 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: GLASER, STEPHEN SEC
Address: 300 EAGLE ROAD
City-St-Zip: GOOSE CREEK, SC 29445

Title: T () Delete
Name: QUATTRO, NICK TREAS
Address: 300 EAGLE ROAD
City-St-Zip: GOOSE CREEK, SC 29445

Title: C () Delete
Name: BRIONES, PABLO CHAIR
Address: 300 EAGLE ROAD
City-St-Zip: GOOSE CREEK, SC 29445

Title: D () Delete
Name: BAUZA, JAIME DIRECT
Address: 300 EAGLE ROAD
City-St-Zip: GOOSE CREEK, SC 29445

Title: D () Delete
Name: VALENTE, JOSE R DIRECT
Address: 300 EAGLE ROAD
City-St-Zip: GOOSE CREEK, SC 29445

Title: D () Delete
Name: STEIN, HANS W DIRECT
Address: 300 EAGLE ROAD
City-St-Zip: GOOSE CREEK, SC 29445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: GLASER, STEPHEN CEO
Address: 300 EAGLE ROAD
City-St-Zip: GOOSE CREEK, SC 29445

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NICK QUATTRO

T

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date