

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000063106

Entity Name: CLW SYSTEMS, INC.

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

SCOTCH ROAD  
MERCER COUNTY AIRPORT  
TRENTON, NJ 08628

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7266  
TRENTON, NJ 08628

**New Mailing Address:**

FEI Number: 65-0696089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GIBBS, KATHY  
14000 NW 4TH STREET  
SUNRISE, FL 33325 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: OWINGS, BILL  
Address: SCOTCH ROAD MERCER COUNTY AIRPORT  
City-St-Zip: TRENTON, NJ 08628

Title: CP  
Name: GOODSON, MICHAEL J.  
Address: SCOTCH ROAD MERCER COUNTY AIRPORT  
City-St-Zip: TRENTON, NJ

Title: S  
Name: VITARELLI, MICHELE  
Address: SCOTCH ROAD MERCER COUNTY AIRPORT  
City-St-Zip: TRENTON, NJ

I hereby 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 all other like empowered.

SIGNATURE: MICHELE VITARELLI

S

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date