

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22899

FILED
Jan 21, 2009
Secretary of State

Entity Name: CALIFORNIA PRODUCTS CORPORATION

Current Principal Place of Business:

150 DASCOMB ROAD
ANDOVER, MA 01810 US

New Principal Place of Business:

Current Mailing Address:

150 DASCOMB ROAD
ANDOVER, MA 01810 US

New Mailing Address:

FEI Number: 04-1143180 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: AT () Delete
Name: GOODE, WILLIAM F
Address: 46 DAVEGAR RD
City-St-Zip: TEWKSBURY, MA 01876

Title: STD (X) Delete
Name: DEANGELIS, JOSEPH,
Address: 25 APPLETON ROAD
City-St-Zip: WAKEFIELD, MA 01880

Title: VD () Delete
Name: LOHR, DAVID G.,
Address: 35 WALTZ WAY
City-St-Zip: CHEPACHET, RI 02814

Title: V () Delete
Name: WOODHULL, ROGER W.,
Address: 44 MACK HILL ROAD
City-St-Zip: AMHERST, NH 03031

Title: V () Delete
Name: TUCKER, ARTHUR F.,
Address: 39 ALDERBROOK DRIVE
City-St-Zip: TOPSFIELD, MA 01983

Title: V () Delete
Name: CHILD, RONALD B.,
Address: 28 OLDE FARMS ROAD
City-St-Zip: BOXFORD, MA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AT (X) Change () Addition
Name: GOODE, WILLIAM F
Address: 46 DAVEGAN RD
City-St-Zip: TEWKSBURY, MA 01876

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

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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: WILLIAM F. GOODE

AT

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date