

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003884

Entity Name: KORDSA, INC.

FILED
Mar 09, 2009
Secretary of State

Current Principal Place of Business:

4501 N ACCESS ROAD
CHATTANOOGA, TN 37415

New Principal Place of Business:

Current Mailing Address:

PO BOX 599
HIXSON, TX 37343

New Mailing Address:

PO BOX 599
HIXSON, TN 37343

FEI Number: 56-2160110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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: PD () Delete
Name: PEKARUN, MEHMET N PRES DIR
Address: 4501 N ACCESS ROAD
City-St-Zip: CHATTANOOGA, TN 37415

Title: D () Delete
Name: BOZDOGAN, BULENT
Address: 4501 N ACCESS ROAD
City-St-Zip: CHATTANOOGA, TN 37415

Title: VP () Delete
Name: MESUT, ADA
Address: 4501 N ACCESS ROAD
City-St-Zip: CHATTANOOGA, TN 37415

Title: VP () Delete
Name: PELTON, DANIEL
Address: 17780 ARMSTRONG ROAD
City-St-Zip: LAUREL HILL, NC 28351

Title: T () Delete
Name: WAY, CHARLISE
Address: 4501 N ACCESS ROAD
City-St-Zip: CHATTANOOGA, TN 37415

Title: S () Delete
Name: GUNDERSEN, MARK J ESQ.
Address: 919 N MARKET ST, STE 1800
City-St-Zip: WILIMINGTON, DE 19801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: T (X) Change () Addition
Name: MOHN, AMY D
Address: 4501 N ACCESS ROAD
City-St-Zip: CHATTANOOGA, TN 37415

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: AMY D MOHN

T

03/09/2009

Electronic Signature of Signing Officer or Director

Date