

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000001439

**Entity Name:** THERMA-TRU CORP.

**Current Principal Place of Business:**

1750 INDIAN WOOD CIR.  
MAUMEE, OH 43537

**Current Mailing Address:**

1750 INDIAN WOOD CIR.  
MAUMEE, OH 43537

**FEI Number:** 34-1923454

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Officer/Director Detail :**

Title PD  
Name SAVAN, MARK  
Address 1750 INDIAN WOOD CIR.  
City-State-Zip: MAUMEE OH 43537

Title AT  
Name ROOT, STANLEY  
Address 1750 INDIAN WOOD CIR.  
City-State-Zip: MAUMEE OH 43537

*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:** STANLEY ROOT

**ASST TREASURER**

**02/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date