2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 136678

FILED Apr 24, 2009 Secretary of State

Entity Name: ROBBINS MANUFACTURING COMPANY

Current Principal Place of Business: New Principal Place of Business: 13001 N NEBRASKA AVE TAMPA, FL 336124456 US **Current Mailing Address: New Mailing Address:** PO BOX 17939 TAMPA, FL 336827939 US FEI Number: 59-0424645 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBBINS, II, JEROME 9 ROBBINS, II, JEROME G 13001 N NEBRASKA AVE 13001 N NEBRASKA AVE TAMPA, FL 33612 TAMPA, FL 33612 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: JEROME G ROBBINS II 04/24/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BROWN, WILLIAM E JR Name: Name: 11615 CARROLLWOOD DR Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: Title: Title: () Delete () Change () Addition Name: HOWZE, THOMAS A Name: 13001 N NEBRASKA AVE Address: Address: TAMPA, FL 33612 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition SCOTT, BRYANT Name: Name: 760 STURGIS WAY Address: Address: City-St-Zip: ALPHARETTA, GA 30022 City-St-Zip: Title: () Delete Title: () Change () Addition HALL, LAURÈNCE W JR Name: Name: Address: 3003 VILLA ROSA Address: City-St-Zip: TAMPA, FL City-St-Zip: Title: SVD Title: () Delete () Change () Addition ROBBINS, II, JEROME Name: Name: 3413 MULLEN AVE Address: Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: Title: () Delete Title: () Change () Addition COTANDA, DIONEL Name: Name: 3320 WEST OSBORNE AVE Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33614

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 E. BROWN, JR VP 04/24/2009