

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 228206

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: SPRING LOCK SCAFFOLDING INC

## Current Principal Place of Business:

10409 NORTH FLA AVENUE  
TAMPA, FL 33612

## New Principal Place of Business:

## Current Mailing Address:

2600 N 2ND ST  
PHILADELPHIA, PA 19133 US

## New Mailing Address:

FEI Number: 59-0882990

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEMUS, MARTHA  
10409 N FLORIDA AVE  
TAMPA, FL 33612 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: RAPOPORT, ERNEST  
Address: 1250 GRRENWOOD AVENUE  
City-St-Zip: JENKINTOWN, PA 19046

Title: VP ( ) Delete  
Name: RAPOPORT, RANDY  
Address: 2600 N 2ND ST  
City-St-Zip: PHILADELPHIA, PA 19133

Title: SD ( ) Delete  
Name: RAPOPORT, JEFFREY  
Address: 458 NORTH APPLETREE LANE  
City-St-Zip: LAF HILL, PA 19444

Title: TD ( ) Delete  
Name: KATZ, PAULA  
Address: 901 ARTIS ROAD  
City-St-Zip: PLYM MTG, PA 19462

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition  
Name: RAPOPORT, MITCHELL  
Address: 1002 VALLEY GLEN ROAD  
City-St-Zip: ELKINS PARK, PA 19027

Title: SD (X) Change ( ) Addition  
Name: RAPOPORT, RANDY  
Address: 2600 N 2ND ST  
City-St-Zip: PHILADELPHIA, PA 19133

Title: PD (X) Change ( ) Addition  
Name: RAPOPORT, JEFFREY  
Address: 458 NORTH APPLETREE LANE  
City-St-Zip: LAFAYETTE HILL, PA 19444

Title: VPD (X) Change ( ) Addition  
Name: KATZ, PAULA  
Address: 901 ARTIS ROAD  
City-St-Zip: PLYMOUTH MEETING, PA 19462

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: PAULA KATZ

VPD

01/29/2009

Electronic Signature of Signing Officer or Director

Date