2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# 808326

Entity Name: MILTON ROY COMPANY

Current Principal Place of Business:

201 IVYLAND ROAD
IVYLAND, PA 189740577 US

New Principal Place of Business:

Current Mailing Address:

4747 HARRISON AVENUE
110-6
ROCKFORD, IL 61108

New Mailing Address:

FEI Number: 23-1281355 **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: P ( ) Delete
Name: PHARAMOND, JEAN-CLAUDE
Address: 201 IVYLAND ROAD
City-St-Zip: IVYLAND, PA 18974

Title: SD ( ) Delete
Name: GARDINER, CLINTON
Address: ONE HAMILTON ROAD
City-St-Zip: WINDSOR LOCKS, CT 06096

Title: T ( ) Delete
Name: ANDERSON, SID
Address: ONE HAMILTON ROAD
City-St-Zip: WINDSOR LOCKS, CT 06096

Title: D ( ) Delete
Name: OSWALD, STEPHEN G
Address: ONE HAMILTON RD.
City-St-Zip: WINDSOR LOCKS, CT 06096

Title: D ( ) Delete
Name: LONGO, PETER
Address: ONE HAMILTON ROAD
City-St-Zip: WINDSOR LOCKS, CT 06096

Title: AS ( ) Delete
Name: HAINES, VICTORIA M
Address: 4747 HARRISON AVENUE
City-St-Zip: ROCKFORD, IL 61108

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: ( ) Change ( ) Addition
Name:
Address:
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 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: VICTORIA M. HAINES AS 04/23/2007

Electronic Signature of Signing Officer or Director — Date