## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#816275**

Address:

City-St-Zip:

110 RICHARDS AVE.

NORWALK, CT 06854

Entity Name: TRANS-LUX CORPORATION

FILED Jan 15, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ARDS AVENUI K, CT 06854	Ξ			
Current Mailing Address:			New Mailing Address:		
	ARDS AVENUI K, CT 06854	≣			
FEI Number	: 13-1394750	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
1201 HAY STE. 105 TALLAHA	ES ST. SSEE, FL 323				
	e named entity : e of Florida.	submits this statement for the	ourpose of changing its register	ed office or registered agent, or both	
SIGNATU					
	Electror	ic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	CD ( ) BRANDT, RICH 110 RICHARDS NORWALK, CT		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () FIRSTENBERG 2021 N WESTE LOS ANGELES	RN AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( ) LISS, VICTOR, 110 RICHARDS NORWALK, CO		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VTS ( ) TOPPI, ANGEL 110 RICHARD A NORWALK, CT		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	AVP ( ) DUPEE, TODD	Delete	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ANGELA TOPPI CFO 01/15/2007