2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#819504

Entity Name: FKI INDUSTRIES INC.

FILED Feb 05, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
425 POST FAIRFIELD	RD), CT 06824			425 POST FAIRFIELD	RD), CT 06824	US
Current Mailing Address:				New Mailing Address:		
425 POST FAIRFIELD	RD), CT 06824			425 POST FAIRFIELD	RD), CT 06824	US
FEI Number:	06-0241470	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1200 S. PII PLANTATI The above	ORATION SYS NE ISLAND RC ON, FL 33324 named entity s of Florida.	DAD US	irpose o	f changing it	ts registered of	ffice or registered agent, or both,
SIGNATUF	RE:					
	Electron	ic Signature of Registered Ager	nt			Date
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VPS () MILLER, ROBEI 425 POST RD FAIRFIELD, CT	Delete RT M.,		Title: Name: Address: City-St-Zip:	V (X) MILLER, ROBE 425 POST RD FAIRFIELD, CT	
Title: Name: Address: City-St-Zip:	VPFT () ZITNAY, ROBEF 425 POST ROAI FAIRFIELD, CT	D		Title: Name: Address: City-St-Zip:	V (X) ZITNAY, ROBER 425 POST ROA FAIRFIELD, CT	D
Title: Name: Address: City-St-Zip:	PR () HEIDEN, PAUL 86 FETTER LN LONDON, UJ E	Delete C4 1EN		Title: Name: Address: City-St-Zip:	PECKHAM, SIM LECONFIELD H	IOUSE, CURZON STREET
Title: Name: Address: City-St-Zip:	VP () BAMFORD, NEI 86 FETTER LAN LONDON, UK E	L IE		Title: Name: Address: City-St-Zip:	BARNES, GARF	IOUSE, CURZON STREEET
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	V () SLATTERY, JAM 425 POST ROA FAIRFIELD, CT	D
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	MARTIN, GEÒF	IOUSE, CURZON STREEET

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: ROBERT L ZITNAY V 02/05/2009