2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#823195

Entity Name: WILLIAM GRANT & SONS INC.

FILED Jun 24, 2009 Secretary of State

| Entity Nar | ne: WILLIAI | VIGRANT & SONS, INC. | | | | | |
|---|---|--|---|--|---------------------------|--------------|--|
| Current P | rincipal Plac | e of Business: | New Princ | New Principal Place of Business: | | | |
| 130 FIELDO EDISON, N | CREST AVE IJ 08837 | NUE | | | | | |
| Current M | ailing Addr | ess: | New Maili | New Mailing Address: | | | |
| 130 FIELDO EDISON, N | CREST AVE IJ 08837 | NUE | | | | | |
| FEI Number: | 22-1757718 | FEI Number Applied For (|) FEI Number Not Appl | icable () | Certificate of Status Des | ired () | |
| Name and | Address of | Current Registered Age | nt: Name and | Name and Address of New Registered Agent: | | | |
| 1201 HAYE STE - 105 | | CORPORATION SYSTEM | 1 INC | | | | |
| | named entity of Florida. | submits this statement for | r the purpose of changing i | ts registered of | fice or registered ager | ıt, or both, | |
| SIGNATUR | RE: | | | | | | |
| | Electro | onic Signature of Registere | ed Agent | Date | | | |
| | | l93(2)(b), F.S., the corporation ng Trust Fund Contribution (| did not receive the prior notic | e. | | | |
| | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | | | Title: Name: Address: City-St-Zip: | () | Change () Addition | | |
| Title: Name: Address: City-St-Zip: | SOSA, MICHA 28 CARRIAG | | Title: Name: Address: City-St-Zip: | SOSA, MICHAEL 28 CARRIAGE V | | | |
| Title: Name: Address: City-St-Zip: | PD (HUTT, SIMON 37 SADDLE F STAMFORD, | ROCK ROAD | Title: Name: Address: City-St-Zip: | PD (X) HUNT, SIMON 37 SADDLE ROG STAMFORD, CT | | | |
| Title: Name: Address: City-St-Zip: | SPRINGER, I 3 VANDERBI | | Title: Name: Address: City-St-Zip: | () | Change () Addition | | |
| Title: | VPD (|) Delete | Title: | () | Change () Addition | | |

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL R SOSA S 06/24/2009

HEATON, JAMES

39 BLUE MOUNTAIN RD

NORWALK, CT 06851

Name:

Address:

City-St-Zip: