

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840990

FILED
Mar 02, 2009
Secretary of State

Entity Name: METAL TREATING INSTITUTE INC.

Current Principal Place of Business:

1550 ROBERTS DRIVE
JACKSONVILLE BEACH, FL 322503222 US

New Principal Place of Business:

504 OSCEOLA AVE
JACKSONVILLE BEACH, FL 322503222 US

Current Mailing Address:

1550 ROBERTS DRIVE
JACKSONVILLE BEACH, FL 322503222 US

New Mailing Address:

504 OSCEOLA AVE
JACKSONVILLE BEACH, FL 322503222 US

FEI Number: 13-6089629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, M LANCE
1550 ROBERTS DRIVE
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

TOM MORRISON & ASSOCIATES, INC.
504 OSCEOLA AVE.
JACKSONVILLE BEACH, FL 32250 US

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: TOM MORRISON

03/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: RUDY, JUDITH
Address: 2980 SPRING GROVE AVE
City-St-Zip: CINCINNATI, OH 45225 US

Title: CEO () Delete
Name: MILLER, M LANCE,
Address: 1550 ROBERTS DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 322503222

Title: PRE () Delete
Name: GARY, HUSS
Address: 979 KOOPMAN LANE
City-St-Zip: ELKHORN, WI 53121 US

Title: VICE () Delete
Name: UHLENBURG, JEFFREY
Address: 7399 TULIP STREET
City-St-Zip: PHILADELPHIA, PA 19136 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TRES (X) Change () Addition
Name: RUDY, JUDITH
Address: 2980 SPRING GROVE AVE
City-St-Zip: CINCINNATI, OH 45225 US

Title: CEO (X) Change () Addition
Name: TOM MORRISON,
Address: 504 OSCEOLA AVE.
City-St-Zip: JACKSONVILLE BEACH, FL 322503222

Title: PRE (X) Change () Addition
Name: JEFF, UHLENBURG
Address: 7399 TULIP STREET
City-St-Zip: PHILADELPHIA, PA 19136 US

Title: VICE (X) Change () Addition
Name: DOUG, GLENN
Address: 1910 COCHRAN RD.
City-St-Zip: PITTSBURGH, PA 15220 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM MORRISON

CEO

03/02/2009

Electronic Signature of Signing Officer or Director

Date