## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 843408**

Entity Name: CPFILMS INC.

FILED Mar 04, 2009 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
4210 THE C STATE RTE FIELDALE,	E. 683	JS				
Current Mailing Address:			New Mailir	New Mailing Address:		
POST OFFICE BOX 5068 MARTINSVILLE, VA 241155068 US						
FEI Number:	06-0385340	FEI Number Applied For ( )	El Number Not Appli	licable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 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:						
	Electronic	Signature of Registered Agent		Date		
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:			ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	V () E FOCARETO, JAN 575 MARYVILLE SAINT LOUIS, MO	CENTRE DR.	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition FOCARETO, JAMES P 575 MARYVILLE CENTRE DR. SAINT LOUIS, MO 63146		
Title: Name: Address: City-St-Zip:	P () DAVIES, KENT J 575 MARYVILLE SAINT LOUIS, MO		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VPAT () [ TICHENOR, JAM 575 MARYVILLE SAINT LOUIS, M	CENTER DR	Title: Name: Address: City-St-Zip:	VPT (X) Change ( ) Addition TICHENOR, JAMES A 575 MARYVILLE CENTER DR SAINT LOUIS, MO 63146		
Title: Name: Address: City-St-Zip:	VP ()[ SPIHLMAN, TIMO 575 MARYVILLE SAINT LOUIS, MO	CENTRE DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VPS () [ KLEIN, ROSEMA 575 MARYVILLE SAINT LOUIS, MO	CENTRE DRIVE	Title: Name: Address: City-St-Zip:	VPS (X) Change ( ) Addition SINGER, MIRIAM R 575 MARYVILLE CENTRE DRIVE SAINT LOUIS, MO 63146		
Title: Name: Address: City-St-Zip:	AS () E MCCOOL, DAVIE 575 MARYVILLE SAINT LOUIS, MO	CENTRE DR	Title: Name: Address: City-St-Zip:	( ) 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.

SIGNATURE: JAMES P. FOCARETO VP 03/04/2009