

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849681

FILED
Apr 10, 2008
Secretary of State

Entity Name: MULTI-CRAFT INSTALLATION SERVICES, INC.

Current Principal Place of Business:

P.O. BOX 2216
SCHENECTADY, NY 123019216

New Principal Place of Business:

3225 PASADENA BLVD
PASADENA, TX 77503

Current Mailing Address:

P.O. BOX 2216
SCHENECTADY, NY 123019216

New Mailing Address:

FEI Number: 14-1627834 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: RIVES, RICK L
Address: 3225 PASADENA BLVD.
City-St-Zip: PASADENA, TX 77503

Title: T (X) Delete
Name: MADSEN, GARY E
Address: 3225 PASADENA BLVD
City-St-Zip: PASADENA, TX 77503

Title: S () Delete
Name: WEBBER, NANCY J
Address: 3225 PASADENA BLVD
City-St-Zip: PASADENA, TX 77503

Title: ASAT () Delete
Name: CAMERON, BARBARA A
Address: 12 CORPORATE WOODS BLVD
City-St-Zip: ALBANY, NY 12211

Title: ASAT (X) Delete
Name: BUCHANAN, MARK E
Address: 12 COPROPRATE WOODS BLVD.
City-St-Zip: ALBANY, NY 12211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CAMERON, BARBARA A
Address: 12 CORPORATE WOODS BLVD
City-St-Zip: ALBANY, NY 12211

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BARBARA CAMERON

T

04/10/2008

Electronic Signature of Signing Officer or Director

_____ Date