

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 851325

Entity Name: GRIFFIN INDUSTRIES, INC.

FILED  
Sep 22, 2009  
Secretary of State

## Current Principal Place of Business:

4221 ALEXANDRIA PIKE  
COLD SPRING, KY 41076

## New Principal Place of Business:

## Current Mailing Address:

4221 ALEXANDRIA PIKE  
COLD SPRING, KY 41076

## New Mailing Address:

FEI Number: 61-0563460

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

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GRIFFIN, ROBERT  
Address: 4221 ALEXANDRIA PIKE  
City-St-Zip: COLD SPRING, KY 41076

Title: T ( ) Delete  
Name: GRIFFIN, ANTHONY  
Address: 4221 ALEXANDRIA PIKE  
City-St-Zip: COLD SPRING, KY

Title: C ( ) Delete  
Name: GRIFFIN, JOHN  
Address: 4221 ALEXANDRIA PIKE  
City-St-Zip: COLD SPRING, KY 41076

Title: S ( ) Delete  
Name: SOLIMINE, LOUIS F  
Address: 4221 ALEXANDRIA PIKE  
City-St-Zip: COLD SPRING, KY 41076

Title: VP ( ) Delete  
Name: GRIFFIN, MARTIN W  
Address: 4221 ALEXANDRIA PIKE  
City-St-Zip: COLD SPRING, KY 41076

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

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: ANTHONY GRIFFIN

T

09/22/2009

Electronic Signature of Signing Officer or Director

Date