

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855658

FILED
Jan 16, 2009
Secretary of State

Entity Name: LUZERNE PRODUCTS INC.

Current Principal Place of Business:

SUITE 100, 180 COURTRIGHT ST.
WILKES-BARRE, PA 187028802

New Principal Place of Business:

Current Mailing Address:

SUITE 100, 180 COURTRIGHT ST.
WILKES-BARRE, PA 187028802

New Mailing Address:

FEI Number: 23-1681141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, JAMES E.
166 S. BEACH RD
HOBE SOUND, FL 33455 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: D () Delete
Name: BELL, JAMES E.,
Address: 166 S. BEACH RD.
City-St-Zip: HOBE SOUND, FL

Title: T () Delete
Name: GOULA, JUDYANN,
Address: 708 SPRING ST
City-St-Zip: AVOCA, PA

Title: D () Delete
Name: BELL, JAMES E., III,
Address: 716 WOODWARD ROAD
City-St-Zip: CHADDS FORD, PA 19317

Title: D () Delete
Name: BELL, CONSTANCE L.,
Address: 166 S. BEACH RD.
City-St-Zip: HOBE SOUND, FL

Title: SD () Delete
Name: KLUGER, ALLAN M.,
Address: 46 E. WALNUT ST.
City-St-Zip: KINGSTON, PA

Title: PD () Delete
Name: BELL, STUART M.,
Address: 702 COON RD.
City-St-Zip: WYOMING, PA

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:

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: STUART M BELL

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date