2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000041

FILED Apr 20, 2009 Secretary of State

Entity Nai	me: WHEELA	BRATOR AIR POLLUTION C	CONTROL, INC.				
Current P	rincipal Place	of Business:	New Principal Place of Business:				
	HFIELD STREE RGH, PA 1522						
Current Mailing Address:			New Mailing Address:				
	HFIELD STREE RGH, PA 1522						
El Number: 06-1566213 FEI Number Applied For ()		FEI Number Not Applicable ()		Certificate of Status Desired ()			
Name and	l Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:		
1200 SOU PLANTATI The above	PORATION SYSTH PINE ISLAI ION, FL 33324 named entityse of Florida.	ND ROAD	purpose of changing	its registered	office or registered agent, o	r both,	
SIGNATUI	RE:						
Election Car		ic Signature of Registered Acgress Trust Fund Contribution ().	gent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VP () PHILIPS, PETE 441 SMITHFIEL PITTSBURGH,	D STREET	Title: Name: Address: City-St-Zip:	VP CORNNELL, 501 GRANT : PITTSBURG	STREET		
Title: Name: Address: City-St-Zip:	CONT () EVANS, PATRIC 441 SMITHFIEL PITTSBURGH,	D STREET	Title: Name: Address: City-St-Zip:	CONT EVANS, PAT 501 GRANT : PITTSBURGI	STREET		

Title: AS () Delete
Name: GOTLIFFE, ALAN

Address: 170 WOOD AVENUE SOUTH

City-St-Zip: ISELIN, NJ 08830

Title: D () Delete

Name: ZALTSBERG, LOUIS Address: 4400 ALAFAYA TRAIL City-St-Zip: ORLANDO, FL 32826 Address: City-St-Zip:

() Change () Addition

Title: CFO (X) Change () Addition
Name: JULIAN, RICH
Address: 501 GRANT STREET
City-St-Zip: PITTSBURGH, PA 15219

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.

Title:

Name:

SIGNATURE: ALAN GOTLIFFE AS 04/20/2009