

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90470 025 ***150.00

DOCUMENT # F0000000112

1. Entity Name
SLI LIGHTING PRODUCTS, INC.



Principal Place of Business Mailing Address
6600 NORTH ANDREWS AVE., SUITE 275 **6600 NORTH ANDREWS AVE., SUITE 275**
FT. LAUDERDALE, FL 33309 **FT. LAUDERDALE, FL 33309**

60045252



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01042007 Chg-P CR2E034 (12/06)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
47-0708390 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GRISWOLD, PAUL J.	
STREET ADDRESS	4 MANHATTANVILLE ROAD	
CITY-ST-ZIP	PURCHASE, NY 10577	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BECKER, MARK T.	
STREET ADDRESS	4 MANHATTANVILLE ROAD	
CITY-ST-ZIP	PURCHASE, NY 10577	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARTON, CHRISTOPHER	
STREET ADDRESS	4 MANHATTANVILLE ROAD	
CITY-ST-ZIP	PURCHASE, NY 10577	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	DREXLER, WILLIAM	
STREET ADDRESS	4 MANHATTANVILLE ROAD	
CITY-ST-ZIP	PURCHASE, NY 10577	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark T. Becker 4/25/07 (914) 417-6900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #