2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004559

FILED Feb 28, 2009 Secretary of State

Entity Name: THE CONAIR GROUP, INC. **Current Principal Place of Business: New Principal Place of Business:** 200 WEST KENSINGER DRIVE SUITE 100 CRANBERRY TWP, PA 16066 **Current Mailing Address: New Mailing Address:** 200 WEST KENSINGER DRIVE SUITE 100 CRANBERRY TWP, PA 16066 FEI Number: 25-1857152 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DCFO () Delete Title: (X) Change () Addition HUMPHREY, G. WATTS JR. HUMPHREY, G. WATTS JR. Name: Name: 200 WEST KENSINGER DRIVE 200 WEST KENSINGER DRIVE Address: Address: City-St-Zip: CRANBERRY TWP, PA 16066 City-St-Zip: CRANBERRY TWP, PA 16066 PC00 Title: (X) Change () Addition Title: () Delete Name: KELLER, CHRISTOPHER S Name: KELLER, CHRISTOPHER S 200 WEST KENSINGER DRIVE 200 WEST KENSINGER DRIVE Address: Address: CRANBERRY TWP, PA 16066 CRANBERRY TWP, PA 16066 City-St-Zip: City-St-Zip: Title: (X) Change () Addition VCFO () Delete Title: SLOAT, SCOTT J SLOAT, SCOTT J Name: Name: 200 WEST KENSINGER DRIVE 200 WEST KENSINGER DRIVE Address: Address:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

CRANBERRY TWP, PA 16066

() Change () Addition

SIGNATURE: SCOTT SLOAT V 02/28/2009

CRANBERRY TWP, PA 16066

200 WEST KENSINGER DRIVE

CRANBERRY TWP, PA 16066

KELLER, CHRISTOPHER S

() Delete

City-St-Zip:

Title:

Name:

Address:

City-St-Zip: