2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004789

Entity Name: THE ALLEN MANUFACTURING COMPANY

FILED Apr 21, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
125 POWDER FOREST DRIVE SIMSBURY, CT 06070					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
6095 PARKLAND BLVD. 310					
MAYFIELD HTS, OH 44124					
FEI Number:	06-0711238	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 RD. PLANTATION, FL 33324 US					
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	t	Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () D BURNETT, BRIAN 125 POWDER FO SIMSBURY, CT 0	E PREST DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D ROBERT, LUTZ S 2099 PENNSYLVA WASHINGTON, D	ANIA AVE. NW	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VTD () D DITKOFF, JAMES 2099 PENNSYLVA WASHINGTON, D	H ANIA AVE. NW	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS/T () D SCHWERTNER, C 6095 PARKLAND MAYFIELD HTS, C	CHARLES A BLVD SUITE 310	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D DANIEL, COMAS 2099 PENNSYLVA WASHINGTON, D	L ANIA AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPS () D O'REILLY, JAMES 2099 PENNSYLVA WASHINGTON, D	S F ANIA AVE NW	Title: Name: Address: City-St-Zip:	() Change () Addition	
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					

SIGNATURE: CHARLES A. SCHWERTNER AS/T 04/21/2008

above, or on an attachment with an address, with all other like empowered.