

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004858

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: BOASSO AMERICA CORPORATION

## Current Principal Place of Business:

4041 PARK OAKS BOULEVARD  
TAMPA, FL 33610 US

## New Principal Place of Business:

## Current Mailing Address:

4041 PARK OAKS BOULEVARD  
TAMPA, FL 33610 US

## New Mailing Address:

100 INTERMODAL DRIVE  
CHALMETTE, LA 70043 US

FEI Number: 72-1176189

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 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: CP ( ) Delete  
Name: BOASSO, WALTER J  
Address: 100 INTERMODAL DRIVE  
City-St-Zip: CHALMETTE, LA 70043 US

Title: VC ( ) Delete  
Name: LEONARD, SCOTT  
Address: 100 INTERMODAL DRIVE  
City-St-Zip: CHALMETTE, LA 70043 US

Title: DS ( ) Delete  
Name: GIROIR, SCOTT D  
Address: 100 INTERMODAL DRIVE  
City-St-Zip: CHALMETTE, LA 70043 US

Title: DT ( ) Delete  
Name: SHOWALTER, ROBERT E  
Address: 100 INTERMODAL DRIVE  
City-St-Zip: CHALMETTE, LA 70043 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition  
Name: GIROIR, SCOTT D  
Address: 100 INTERMODAL DRIVE  
City-St-Zip: CHALMETTE, LA 70043 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: SCHNIEDA, ROBERT  
Address: 100 INTERMODAL DRIVE  
City-St-Zip: CHALMETTE, LA 70043 US

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: ROBERT E. SHOWALTER

DT

01/19/2009

Electronic Signature of Signing Officer or Director

Date