2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005212

Entity Name: SCHWEITZER ENGINEERING LABORATORIES, INC.

FILED Jan 13, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
2350 NE HOPKINS COURT PULLMAN, WA 99163				
Current Mailing Address:			New Mailing Address:	
2350 NE HOPKINS COURT PULLMAN, WA 99163				
FEI Number:	91-1196408	FEI Number Applied For () FEI Num	mber Not Appli	cable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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:				
		c Signature of Registered Agent		Date
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS: ADDITION				S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	SCHWEITZER, E 2350 NE HOPKIN PULLMAN, WA	NS COURT 99163	Title: Name: Address: City-St-Zip:	PDO (X) Change () Addition SCHWEITZER, EDMUND O III 2350 NE HOPKINS COURT PULLMAN, WA 99163
Title: Name: Address: City-St-Zip:	VTAS () I HINDMAN, NANC 2350 NE HOPKIN PULLMAN, WA	IS COURT	Title: Name: Address: City-St-Zip:	TASO (X) Change () Addition HINDMAN, NANCY L 2350 NE HOPKINS COURT PULLMAN, WA 99163
Title: Name: Address: City-St-Zip:	VDAS () I SCHWARTZ, RO 2350 NE HOPKIN PULLMAN, WA S	NS COURT	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SD () I SCHWEITZER, S 2350 NE HOPKIN PULLMAN, WA S	STEPHANIE L NS COURT	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	AS () [WEEKS, SHIRLE 2350 NE HOPKIN PULLMAN, WA	IS COURT	Title: Name: Address: City-St-Zip:	AS (X) Change () Addition WEEKS, SHIRLENE A 2350 NE HOPKINS COURT PULLMAN, WA 99163
Title: Name: Address: City-St-Zip:	PPE () I YOUNG, ROGER 2350 NE HOPKIN PULLMAN, WA	NS COURT	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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY L. HINDMAN TASO 01/13/2009