2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 08, 2009
Secretary of State

DOCUMENT# F01000003531

Entity Name: CLIVE SAMUELS AND ASSOCIATES, INC.

Current Principal Place of Business:

1 INDEPENDENCE WAY
PRINCETON, NJ 08540

New Principal Place of Business:

Current Mailing Address:

1675 W CAMPBELL RD
P O BOX 669
SIDNEY, OH 453650669

New Mailing Address:

FEI Number: 22-2348780 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

OFFICERS AND DIRECTORS:

Title:	PRES	( ) Delete
Name:	ABRAMSON, ALAN B	
Address:	1 INDEPENDENCE WAY	
City-St-Zip:	PRINCETON, NJ 08540	
Title:	VP	( ) Delete
Name:	SAMUELS, CLIVE	
Address:	1 INDEPENDENCE WAY	
City-St-Zip:	PRINCETON, NJ 08540	
Title:	SEC	( ) Delete
Name:	SPERINO, JOHN A	
Address:	1675 W CAMPBELL RD	
City-St-Zip:	SIDNEY, OH 45365	
Title:	TRE	( ) Delete
Name:	RABE, DAVID J	
Address:	8000 W FLORISSANT AVE	
City-St-Zip:	ST LOUIS, MO 63136	
Title:	DIR	( ) Delete
Name:	COULOMBE, WILLIAM A	
Address:	1640 AIRPORT RD STE 104	
City-St-Zip:	KENNESAW, GA 30144	
Title:	VP	( ) Delete
Name:	PURVIS, EDGAR M	
Address:	1675 W CAMPBELL RD	
City-St-Zip:	SIDNEY, OH 45365	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	ASEC	(X) Change ( ) Addition
Name:	RIPISH, PAUL	
Address:	1 INDEPENDENCE WAY	
City-St-Zip:	PRINCETON, NJ 08540	

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: RAY J WEBER, SR TAX ANALYST CPA 07/08/2009

Electronic Signature of Signing Officer or Director — Date