

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000003909

**FILED**  
**Jun 13, 2011**  
**Secretary of State**

**Entity Name:** ELECTROMECHANICAL RESEARCH LABORATORIES, INC.

**Current Principal Place of Business:**

2560 CHARLESTOWN ROAD  
NEW ALBANY, IN 47150

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1026  
NEW ALBANY, IN 47151 10

**New Mailing Address:**

**FEI Number:** 35-1171256

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILKINS, LARRY C  
124 ISLE OF VENICE, APT 2  
FT LAUDERDALE, FL 33301 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: PSTD  
Name: WILKINS, LARRY C  
Address: 124 ISLE OF VENICE APT 2  
City-St-Zip: FT LAUDERDALE, FL

Title: V  
Name: WILKINS, SUSAN R  
Address: 124 ISLE OF VENICE APT 2  
City-St-Zip: FT LAUDERDALE, FL

I hereby 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 all other like empowered.

SIGNATURE: LARRY C WILKINS

PRES

06/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date