

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004102

FILED
Feb 26, 2009
Secretary of State

Entity Name: ALRO INDUSTRIAL SUPPLY CORPORATION

Current Principal Place of Business:

3100 E. HIGH STREET
JACKSON, MI 49204

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 927
JACKSON, MI 49204

New Mailing Address:

FEI Number: 38-2598738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLICK, BARRY
6200 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33431 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: CD () Delete
Name: GLICK, ALVIN L
Address: 1727 THORNWOOD
City-St-Zip: JACKSON, MI 49203

Title: P () Delete
Name: MARTOIA, RICHARD S
Address: 4852 INDIAN CREEK DR
City-St-Zip: JACKSON, MI 49201

Title: VD () Delete
Name: ALYEA, G. MARK
Address: 6901 LANSING AVE.
City-St-Zip: JACKSON, MI 492018233

Title: T () Delete
Name: HOLLENBECK, LEO
Address: 6979 PADDOCK LANE
City-St-Zip: JACKSON, MI 49201

Title: ST () Delete
Name: GLICK, RANDY
Address: 5187 THAMES CT.
City-St-Zip: JACKSON, MI 49201

Title: SD () Delete
Name: GLICK, CARLTON L
Address: 2612 MULLIGAN DRIVE
City-St-Zip: JACKSON, MI 49203

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:

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Address:
City-St-Zip:

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

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: LEO HOLLENBECK

T

02/26/2009

Electronic Signature of Signing Officer or Director

_____ Date