2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# F01000006603

Entity Name: IRWIN TELESCOPIC SEATING COMPANY

Current Principal Place of Business:

610 EAST CUMBERLAND RD
ALTAMONT, IL 62411

New Principal Place of Business:

Current Mailing Address:

PO BOX 320
ALTAMONT, IL 62411

New Mailing Address:

FEI Number: 37-1173073 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVE WARD AND ASSOCIATES
4424 NORTHWEST 13TH ST., STE A4
GAINESVILLE, FL 32609 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: D ( ) Delete
Name: IRWIN, EARLE S
Address: 1860 LAKE DR
City-St-Zip: GRAND RAPIDS, MI 49506

Title: S ( ) Delete
Name: CONNER, RUSTY
Address: 8898 N. 650TH ST
City-St-Zip: ALTAMONT, IL

Title: P ( ) Delete
Name: CONRAD, ERIC
Address: 15872 B BLUEBIRD DR
City-St-Zip: EFFINGHAM, IL 62401

Title: T ( ) Delete
Name: BROWN, VALERIE
Address: 810 S MAIN ST
City-St-Zip: ALTAMONT, IL 62411

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:

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: VALERIE BROWN T 04/17/2009

Electronic Signature of Signing Officer or Director — Date