

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000493

Entity Name: CLESTRA, INC.

FILED  
Feb 03, 2009  
Secretary of State

## Current Principal Place of Business:

259 VETERANS LANE, STE 201  
DOYLESTOWN, PA 18901 US

## New Principal Place of Business:

259 VETERANS LANE, STE 201  
SUITE 201  
DOYLESTOWN, PA 18901 US

## Current Mailing Address:

P.O. BOX 906  
DOYLESTOWN, PA

## New Mailing Address:

FEI Number: 16-1575824      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE - SUITE 4  
WESTON, FL 33331 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: CEO ( ) Delete  
Name: VERLAY, ROGER CEO  
Address: 56 RUE JEAN GIRADOUX  
City-St-Zip: F-67034 STRASBOURG CEDEX FR, PA 18901 US

Title: COO ( ) Delete  
Name: HARKINS, JR., DAVID R COO  
Address: 259 VETERANS LANE  
City-St-Zip: DOYLESTOWN, PA 18901 US

Title: S ( ) Delete  
Name: BOUSQUET, LAURENCE G S  
Address: 900 ONE LINCOLN CENTER  
City-St-Zip: SYRACUSE, NY 13202 US

## 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:

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: DAVID R. HARKINS, JR.

COO

02/03/2009

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

\_\_\_\_\_  
Date