

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F02000000509

1. Entity Name  
RED-D-ARC, INC.



Principal Place of Business  
685 LEE INDUSTRIAL BLVD.  
AUSTELL, GA 30168

Mailing Address  
685 LEE INDUSTRIAL BLVD.  
AUSTELL, GA 30168



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
88-0259460

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1000000384608  
01/17/06-80022-005 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PCD  
IMIELINSKI, MICHEL M  
685-B LEE INDUSTRIAL BLVD.  
AUSTELL, GA 30001

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VD  
MCLAUGHLIN, ROBERT M  
259 N. RADNOR-CHESTER ROAD, SUITE 100  
RADNOR, PA 19087

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
S  
CRAUN, TODD R  
259 N. RADNOR-CHESTER ROAD, SUITE 100  
RADNOR, PA 19087

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
T  
DARROCH, STEVE  
667 SOUTH SERVICE ROAD  
GRIMSBY, ONT., CANADA,

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
AS  
GATER, JANE  
667 S SERVICE RD  
GRIMSBY ONTARIO CANADA, L3M 3G1

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE DARROCH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 4/06  
Date

905-643-4212  
Daytime Phone #