

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 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**



01302007 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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	

U000000825833
02/14/07-80091-002 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 2 / 07

905-643-4212
Daytime Phone #