

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001527

Entity Name: SFI ELECTRONICS, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

400A CLANTON RD
CHARLOTTE, NC 282171763

New Principal Place of Business:

Current Mailing Address:

PO BOX 11275
CHARLOTTE, NC 282201275

New Mailing Address:

FEI Number: 56-1186278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORP SRVS., INC.
17888 67TH CRT N
LOXAHATCHEE, FL 33470 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: DCP () Delete
Name: O'BRIEN, LAWRENCE J JR
Address: 1020 EUCLID AVE
City-St-Zip: CHARLOTTE, NC 28203

Title: DT () Delete
Name: WATSON, ROBERT C
Address: 1020 EUCLID AVE
City-St-Zip: CHARLOTTE, NC 28203

Title: DS () Delete
Name: CLARK, DONALD W
Address: 3932 LAKESHORE RD S
City-St-Zip: DENVER, NC 28037

Title: D () Delete
Name: FAULKENBERRY, HEATHER O
Address: 1020 EUCLID AVE
City-St-Zip: CHARLOTTE, NC 28203

Title: DV () Delete
Name: COPELAND, MARSHALL T
Address: 400 CLANTON RD STE A PO BOX 11275
City-St-Zip: CHARLOTTE, NC 282201275

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: O'BRIEN, LAWRENCE J JR
Address: 1020 EUCLID AVE
City-St-Zip: CHARLOTTE, NC 28203

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:

Title: P () Change (X) Addition
Name: FOGLE, THOMAS W
Address: 400 CLANTON RD STE A PO BOX 11275
City-St-Zip: CHARLOTTE, NC 282201275

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: MARSHALL T. COPELAND

DV

04/15/2009

Electronic Signature of Signing Officer or Director

Date