

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002265

FILED
Mar 19, 2009
Secretary of State

Entity Name: QUALITAS MANUFACTURING INCORPORATED

Current Principal Place of Business:

1661 GLENLAKE AVE
ITASCA, IL 60143

New Principal Place of Business:

Current Mailing Address:

1661 GLENLAKE AVE
ITASCA, IL 60143

New Mailing Address:

FEI Number: 36-3479228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P () Delete
Name: MILLER, JAMES V
Address: 893 MARYKNOLL CIRCLE
City-St-Zip: GLEN ELLYN, IL 60137

Title: S () Delete
Name: MCKENNA, JOANELLE M
Address: 138 ABINGDON AVE
City-St-Zip: KENILWORTH, IL 60043

Title: T () Delete
Name: DALUGA, NANCY M
Address: 904 LAKEWOOD DRIVE
City-St-Zip: BARRINGTON, IL 60010

Title: VD () Delete
Name: MILLER, CHRISTOPHER E
Address: 121 BRAINARD AVENUE
City-St-Zip: LAGRANGE, IL 60525

Title: VD () Delete
Name: MILLER, STEPHEN T
Address: 385 N. VALLEY COURT
City-St-Zip: BARRINGTON, IL 60010

Title: VD () Delete
Name: WAECKER, GARRETT
Address: 1731 N DOVER LANE
City-St-Zip: ARLINGTON HEIGHTS, IL 60004

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:

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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: JAMES V MILLER

P

03/19/2009

Electronic Signature of Signing Officer or Director

Date