

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004665

FILED
Feb 09, 2009
Secretary of State

Entity Name: RONCO COMMUNICATIONS & ELECTRONICS, INC.

Current Principal Place of Business:

595 SHERIDAN DRIVE
TONAWANDA, NY 14150

New Principal Place of Business:

Current Mailing Address:

595 SHERIDAN DRIVE
TONAWANDA, NY 14150

New Mailing Address:

FEI Number: 16-0905768

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: DCEO () Delete
Name: WASP, PATRICIA
Address: 595 SHERIDAN DRIVE
City-St-Zip: TONAWANDA, NY 14150

Title: PD () Delete
Name: WASP, CHRISTOPHER
Address: 595 SHERIDAN DRIVE
City-St-Zip: TONAWANDA, NY 14150

Title: VTD () Delete
Name: LIPPARD, THOMAS R III
Address: 595 SHERIDAN DRIVE
City-St-Zip: TONAWANDA, NY 14150

Title: SD () Delete
Name: DUTSCHMAN, ROBERT W
Address: 595 SHERIDAN DRIVE
City-St-Zip: TONAWANDA, NY 14150

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:

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: THOMAS R. LIPPARD III

VTD

02/09/2009

Electronic Signature of Signing Officer or Director

Date