

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005945

FILED
Apr 01, 2009
Secretary of State

Entity Name: CARLISLE ROOFING SYSTEMS, INC.

Current Principal Place of Business:

1285 RITNER HWY.
CARLISLE, PA 17013

New Principal Place of Business:

Current Mailing Address:

250 S. CLINTON STREET
SUTIE 201
SYRACUSE, NY 13202

New Mailing Address:

FEI Number: 25-1873781

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 32301 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: ALTMAYER, JOHN W
Address: 1285 RITNER HIGHWAY
City-St-Zip: CARLISLE, PA 17013

Title: VP () Delete
Name: CLIFTON, JOHN H
Address: 1285 RITNER HIGHWAY
City-St-Zip: CARLISLE, PA 17013

Title: DS () Delete
Name: FORD, STEVEN J
Address: 250 SOUTH CLINTON STREET, STE. 201
City-St-Zip: SYRACUSE, NY 13202

Title: D () Delete
Name: LOWE, CAROL P
Address: 13925 BALLANTYNE CORPORATE PLACE
City-St-Zip: CHARLOTTE, NC 28277

Title: T (X) Delete
Name: ILARDO, SAMUEL
Address: 13925 BALLANTYNE CORPORATE PLACE, STE. 400
City-St-Zip: CHARLOTTE, NC 28277

Title: D () Delete
Name: ROBERTS, DAVID A
Address: 13925 BALLANTYNE CORPORATE PLACE
City-St-Zip: CHARLOTTE, NC 28277

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: T (X) Change () Addition
Name: ZDIMAL, KEVIN
Address: 13925 BALLANTYNE CORPORATE PLACE
City-St-Zip: CHARLOTTE, NC 28277

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: STEVEN J. FORD

DS

04/01/2009

Electronic Signature of Signing Officer or Director

Date