

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006190

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: CLARKWESTERN BUILDING SYSTEMS, INC.

## Current Principal Place of Business:

38020 PULP DR  
DADE CITY, FL 33523

## New Principal Place of Business:

## Current Mailing Address:

9100 CENTRE POINT DRIVE  
SUITE #210  
WEST CHESTER, OH 45069

## New Mailing Address:

FEI Number: 31-1316947

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GODFREY, RAY  
38020 PULP DR  
DADE CITY, FL 33523 US

## Name and Address of New Registered Agent:

LEMLER, TOM  
38020 PULP DR  
DADE CITY, FL 33523 US

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: TOM LEMLER

01/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COURTNEY, WILLIAM  
Address: 303 LINDEN RIDGE  
City-St-Zip: WYOMING, OH 45215

Title: T ( ) Delete  
Name: SLATTERY, JOHN  
Address: 5148 EMERALD VIEW DRIVE  
City-St-Zip: MAINEVILLE, OH 45069

Title: V ( ) Delete  
Name: KEEBLER, DAVID  
Address: 7265 ST. IVES  
City-St-Zip: WEST CHESTER, OH 45069

## 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:

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: JOHN T. SLATTERY

CFO

01/22/2009

Electronic Signature of Signing Officer or Director

Date