

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003556

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: INTEGRATED TECHNICAL PRODUCTS, INC.

## Current Principal Place of Business:

5005 NORTH STATE LINE  
TEXARKANA, TX 75503

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 750  
TEXARKANA, AR 71854

## New Mailing Address:

FEI Number: 74-2498763

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PCD ( ) Delete  
Name: CORCORAN, DUANE  
Address: #5 HILLCREST  
City-St-Zip: TEXARKANA, AR 71854

Title: VSD ( ) Delete  
Name: YORK, TOM  
Address: 6616 LAKE RIDGE DRIVE  
City-St-Zip: TEXARKANA, AR 71854

Title: VTD ( ) Delete  
Name: HILL, MARK  
Address: 6701 LAKERIDGE DR  
City-St-Zip: TEXARKANA, TX 75503

Title: D ( ) Delete  
Name: MCMILLAN, DON  
Address: 9304 DAUBE  
City-St-Zip: TEXARKANA, TX 75503

## 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: DONALD MCMILLAN

VP

03/19/2009

Electronic Signature of Signing Officer or Director

Date