2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 8:00 am Secretary of State

(330) 343-6621

Daytime Phone #

DOCUMENT # F0400004127 1. Entity Name MARLITE, INC.							04-14-2008 90033 004 ***150.00						
Principal Place of Business 202 HARGER STREET DOVER, OH 44622				Mailing Address 202 HARGER STREET DOVER, OH 44622			40067204						
2. Principal F	Place of Busin	ness - No P.O. Box	# 3.	3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.			02222008	Chg-P	CR2E03	34 (12/06)			
City & State				City & State						pplied For ot Applicable			
Zip	Country			Zíp	try	5. Certificate of Status Desired \$8.75 Additi Fee Required							
	6. Name	and Address of C	urrent Regis	tered Agent		7. Name and Address of New Registered Agent Name							
HURLEY, EDWARD					Hนาโยนุ , Eduiard Street Address (P.O. Box Number is Not Acceptable)								
535 SOUTH COURTENAY PKWY MERRITT ISLAND, FL 32952						4160 Centra	1 Sarasota	Parkway Unit C	622				
					City Sarasota		<u>u,</u>	FL	Zip Cod	 ie 3Q			
8. The above the obligat	iogsøt regis <u>Odu</u> u	y submits this state tered agent. In printed name of registe	Hules	ourpose of changing its		ed office or register			orida. I am fa 13 ~ 19 ~ (DATE		and accept		
FIL After Ma	E NOW!!! ay 1, 200:	FEE IS \$150. 8 Fee will be \$	00 \$550.00	9. Election Campai Trust Fund Contr			.00 May Be ed to Fees				i		
10.	[OFFICER	S AND DIREC	CTORS	11.	1	ADDITIONS	CHANGES TO OFFI	ICERS AND	DIRECTOR	S IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP]	OHN M GER STREET OH 44622		☐ Delete						Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		FRED L GER STREET OH 44622		☐ Delete		l l				☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Kim McBr 202 Harge Dover, Ol	er Street		☐ Delete		·				Change	☐ Addition		
NAME STREET ADDRESS CHY-ST-ZIP				☐ Delete						☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	•	j				☐ Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition		
indicated of the cor	on this report on the poration or the poration	rt or supplemental r ne receiver or truste	report is true a se empowere	iling does not qualify for and accurate and that m d to execute this report I other like empowered.	ny signat as requir	ure shall have the	same legal effec	nt as if maria under n	sath: that I ar	n an officer	or director		

Kumberly D. Mc Bride CFO
SKINATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICE FOR DIRECTOR

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F040000412 1. Entity Name MARLITE, INC.							ATTACHMENT 40061204						
								400000					
Principal Place 202 HARGER DOVER, OH 4	STREET	202 H/	Mailing Address 202 HARGER STREET DOVER, OH 44622				40061901						
2. Principal Pl	ace of Busin	ess - No P.O. Box #	3. Mailin	3. Mailing Address									
Suite, Apt. i	#, etc.	Suite,	Suite, Apt. #, etc.				02222008	Chg-P	CR2E	034 (12/06)			
City & State			City &	City & State				4. FEI Numb				plied For t Applicable	
Zip		Country	Zip	Zip Count				5. Certificate of Status Desired See Required					
	6. Name	rent Registered	Registered Agent				7. Name and Address of New Registered Agent						
HURLEY, EDWARD 535 SOUTH COURTENAY PKWY MERRITT ISLAND, FL 32952						Street Add HI60 C	Hurley, Edward Street Address (P.O. Box Number is Not Acceptable) His Central Sarasota Parkway Linit 622 City						
	8. The above named entity submits this statement for the purpose of changing its registered office or re								oth, in the State of F				
the obligation of registered agent. SIGNATURE Odura M. Hungy 03-19-08													
	SIGNATURE (COUNTY Signature, hyped or printed name of registered agent and title) applicable (NOTE, Registered Agent signature)								· · · · · · · · · · · · · · · · · · ·	DATE	<u> </u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees													
10.	PCEO	OFFICERS A	AND DIRECTOR		11.			ADDITIONS	/CHANGES TO OF	FICERS AN			
TITLE NAME	POPA, JOHN M				TITE NAM	AE					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS Y-ST-ZIP						ļ	
TITLE	VVCS Detete 7				TITL						☐ Change	Addition	
STREET ADDRESS	202 HARGER STREET				1	EET ADDRESS							
CITY-ST-ZIP TITLE					CIT	Y-ST-ZIP					☐ Change	☐ Addilion	
NAME STREET ADDRESS	Kim McBride					AE							
CITY - ST- ZIP	202 Harge Dover, Oh					EET ADDRÉSS Y-ST-ZIP							
TITLE NAME				☐ Delete	TITE	1					Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP					STR	EET ADDRESS Y-ST-ZIP							
TITLE NAME				☐ Delete	TITE	1					Change	Addition	
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS Y-ST-ZIP							
TITLE				☐ Delete	TITL						☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP						ME EET ADDRESS Y-ST-ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.													
SIGNAT		Kimber D-	MBriai			1º Bride	ſì	FO	nalaring	(330	0) 343-6621		
SIGNAL	J. 1	SIGNATURE AND TYPE		OF SIGNING OFFICER	OR DIREC	TOR		· · · · · · · · · · · · · · · · · · ·	Date		Daytime Phone #		