## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000004127

Entity Name: MARLITE, INC.

City-St-Zip:

**FILED** Feb 13, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 202 HARGER STREET **DOVER, OH 44622 Current Mailing Address: New Mailing Address:** 202 HARGER STREET **DOVER, OH 44622** FEI Number: 20-0836972 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HURLEY, EDWARD 4160 CENTRAL SARASOTA PARKWAY UNIT #622 SARASOTA, FL 34238 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PCFO ( ) Delete Title: () Change () Addition Name: POPA, JOHN M Name: 202 HARGER STREET Address: Address: City-St-Zip: **DOVER, OH 44622** City-St-Zip: Title: **WCS** Title: (X) Change ( ) Addition () Delete POPA, JOHN M Name: DUDLEY, FRED L Name: 202 HARGER STREET 202 HARGER STREET Address: Address: DOVER, OH 44622 City-St-Zip: DOVER, OH 44622 City-St-Zip: Title: Title: ( ) Delete SECR ( ) Change (X) Addition POPA, REBECCA J Name: Name: 202 HARGER STREET Address Address: City-St-Zip: City-St-Zip: **DOVER, OH 44622** Title: () Delete Title: ( ) Change (X) Addition MCBRIDE, KIMBERLY Name: Name: Address: Address: 202 HARGER STREET

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.

City-St-Zip:

DOVER, OH 44622

SIGNATURE: KEITH A. VANDERBURG ASST 02/13/2009