2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 15, 2009
Secretary of State

DOCUMENT# F04000005154

Entity Name: CHAS. E. RUE & SON, INC.

Current Principal Place of Business:

3812 QUAKERBRIDGE ROAD
TRENTON, NJ 08619

New Principal Place of Business:

3812 QUAKERBRIDGE ROAD
HAMILTON, NJ 08619 US

Current Mailing Address:

3812 QUAKERBRIDGE ROAD
HAMILTON, NJ 08619

New Mailing Address:

FEI Number: 22-1761405 **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

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: RUE, WILLIAM M
Address: 3812 QUAKERBRIDGE ROAD
City-St-Zip: HAMILTON, NJ 08619

Title: DV ( ) Delete
Name: ALLEN, ELIZABETH A
Address: 3812 QUAKERBRIDGE ROAD
City-St-Zip: HAMILTON, NJ 08619

Title: T ( ) Delete
Name: WARN, JOHN J
Address: 3812 QUAKERBRIDGE ROAD
City-St-Zip: HAMILTON, NJ 08619

Title: SV ( ) Delete
Name: RUE, WILLIAM M JR.
Address: 3812 QUAKERBRIDGE RD.
City-St-Zip: HAMILTON, NJ 08619

Title: S ( ) Delete
Name: RUE, WILLIAM M JR
Address: 3812 QUAKERBRIDGE ROAD
City-St-Zip: HAMILTON, NJ 08619

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: DV (X) Change ( ) Addition
Name: RUE, WILLIAM M JR.
Address: 3812 QUAKERBRIDGE RD.
City-St-Zip: HAMILTON, NJ 08619

Title: DS (X) Change ( ) Addition
Name: RUE, LISA M
Address: 3812 QUAKERBRIDGE ROAD
City-St-Zip: HAMILTON, NJ 08619

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 J WARN DT 07/15/2009

Electronic Signature of Signing Officer or Director — Date