

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003873

Entity Name: VALOIS OF AMERICA, INC.

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

250 NORTH ROUTE 303
CONGERS, NY 109201408

New Principal Place of Business:

Current Mailing Address:

475 W TERRA COTTA AVE
SUITE E
CRYSTAL LAKE, IL 60014

New Mailing Address:

FEI Number: 06-1134155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P () Delete
Name: BAUER, ERIC
Address: 250 NORTH ROUTE 303
City-St-Zip: CONGERS, NY 10920

Title: VD () Delete
Name: FOURMENT, OLIVIER
Address: 50, AVENUE DE L'EUROPE 78160 MARLY LE ROI
City-St-Zip: FRANCE,

Title: TSD () Delete
Name: HAGGE, STEPHEN J
Address: 475 W TERRA COTTA AVENUE, SUITE E
City-St-Zip: CRYSTAL LAKE, IL 60014

Title: AS () Delete
Name: POLTERMANN, RALPH
Address: 475 W TERRA COTTA AVENUE, SUITE E
City-St-Zip: CRYSTAL LAKE, IL 60014

Title: C () Delete
Name: SIEBEL, CARL A
Address: 475 W TERRA COTTA AVENUE, SUITE E
City-St-Zip: CRYSTAL LAKE, IL 60014

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN J. HAGGE

TSD

04/18/2007

Electronic Signature of Signing Officer or Director

_____ Date