

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004738

Entity Name: ARRI SERVICES, INC.

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

617 ROUTE 303
BLAUVELT, NY 10913

New Principal Place of Business:

Current Mailing Address:

617 ROUTE 303
BLAUVELT, NY 10913

New Mailing Address:

FEI Number: 13-2933276

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: D () Delete
Name: SCHAFER, JENS
Address: TUERKENSTR 89, 80799
City-St-Zip: MUNICH, GERMANY, XX 00000 00

Title: D () Delete
Name: KRAUS, FRANZ
Address: TUERKENSTR 89, 80799
City-St-Zip: MUNICH, GERMANY, XX 000000000 00

Title: P () Delete
Name: BAHNEMAN, VOLKER W
Address: 617 ROUTE 303
City-St-Zip: BLAUVELT, NY 10913

Title: VP () Delete
Name: DAVIDSON, CHARLES
Address: 617 ROUTE 303
City-St-Zip: BLAUVELT, NY 10913

Title: S () Delete
Name: KAMPEL, THEODORE
Address: 617 ROUTE 303
City-St-Zip: BLAUVELT, NY 10913

Title: T () Delete
Name: DOUGLAS, RICHARD
Address: 617 ROUTE 303
City-St-Zip: BLAUVELT, NY 10913

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:

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: RICHARD DOUGLAS

T

03/19/2009

Electronic Signature of Signing Officer or Director

Date