

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006007

Entity Name: CHI OVERHEAD DOORS, INC.

FILED
Jun 16, 2009
Secretary of State

Current Principal Place of Business:

1485 SUNRISE DR.
ARTHUR, IL 61911

New Principal Place of Business:

Current Mailing Address:

PO BOX 260
ARTHUR, IL 61911

New Mailing Address:

FEI Number: 37-1307264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASTALDI, ALEXANDER R
Address: 450 LEXINGTON AVE, SUITE 3350
City-St-Zip: NEW YORK, NY 10017

Title: D () Delete
Name: FRANK, RAMSEY A
Address: 450 LEXINGTON AVE, SUITE 3350
City-St-Zip: NEW YORK, NY 10017

Title: DVP () Delete
Name: MILGRIM, BRETT N
Address: 450 LEXINGTON AVE, SUITE 3350
City-St-Zip: NEW YORK, NY 10017

Title: DP () Delete
Name: OVERHOLT, JAMES L
Address: 1485 SUNRISE DR.
City-St-Zip: ARTHUR, IL 61911

Title: ST () Delete
Name: CHANG, MICHAEL C
Address: 450 LEXINGTON AVE, SUITE 3350
City-St-Zip: NEW YORK, NY 10017

Title: CFO () Delete
Name: KNOLL, PATRICK J
Address: 1485 SUNRISE DRIVE
City-St-Zip: ARTHUR, IL 61911

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
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City-St-Zip:

Title: () Change () Addition
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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: PATRICK J KNOLL

CFO

06/16/2009

Electronic Signature of Signing Officer or Director

Date