2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

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Entity Name: CORESLAB STRUCTURES (ATLANTA), INC.

Current Principal Place of Business:

1655 NOAH'S ARK ROAD
JONESBORO, GA 30236

New Principal Place of Business:

1655 NOAH'S ARK ROAD
JONESBORO, GA 30236 US

Current Mailing Address:

P. P. BOX 246
JONESBORO, GA 30237

New Mailing Address:

P. P. BOX 246
JONESBORO, GA 30237 US

FEI Number: 58-2066048 **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: P ( ) Delete
Name: FRANCIOSA, MARIO
Address: 332 JONES RD UNIT 8
City-St-Zip: STONEY CREEK, ON L8E 5N2 CA

Title: V ( ) Delete
Name: FRANCIOSA, FRANK
Address: 332 JONES RD UNIT 8
City-St-Zip: STONEY CREEK, ON L8E 5N2 CA

Title: D ( ) Delete
Name: FRANCIOSA, DOMENIC
Address: 332 JONES RD UNIT 8
City-St-Zip: STONEY CREEK, ON L8E 5N2 CA

Title: DST ( ) Delete
Name: SPIEGEL, SIDNEY
Address: 332 JONES RD UNIT 8
City-St-Zip: STONEY CREEK, ON L8E 5N2 CA

Title: V ( ) Delete
Name: SLAATS, JOHN A
Address: 170 LONGWOOD DR.
City-St-Zip: JONESBORO, GA 30236

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 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 A. SLAATS VP 01/23/2009

Electronic Signature of Signing Officer or Director — Date