2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003550

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

WEST CHESTER, OH 45069 US

CASERTA, RÌCHARD J

() Delete

WEST CHESTER, OH 45069 US

9025 CENTRE POINTE DRIVE, SUITE 400

FILED Apr 18, 2008 Secretary of State

Entity Nar	me: ARMOR	RTEC EROSION CONTROL SC	DLUTIONS, INC).			
Current Principal Place of Business:			Nev	New Principal Place of Business:			
	TRE POINTE ESTER, OH	DRIVE, SUITE 300 45069 US					
Current Mailing Address:			Nev	New Mailing Address:			
	TRE POINTE ESTER, OH	DRIVE, SUITE 300 45069 US					
FEI Number:	20-3764200	FEI Number Applied For ()	FEI Number i	Not Appli	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1200 SOU	PORATION S' TH PINE ISL ON, FL 3332	AND ROAD					
	named entity e of Florida.	submits this statement for the	purpose of cha	nging it	s registere	d office or registered agent, or l	both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Car	npaign Financi	ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DAWSON, W 9025 CENTRI) Delete ILLIAM B E POINTE DRIVE, SUITE 400 IER, OH 45069 US	Title: Nam Addr City-	e:		() Change () Addition	
Title: Name: Address: City-St-Zip:	LITTLE, GOD 9025 CENTRI) Delete FREY G E POINTE DRIVE, SUITE 400 IER, OH 45069 US	Title: Nam Addr City-	e:		(X) Change () Addition RONALD C RE POINTE DRIVE, SUITE 400 STER, OH 45069 US	
Title: Name: Address:	CORDES, WI) Delete LLIAM H E POINTE DRIVE, SUITE 400	Title: Nam Addr	e:		(X) Change()Addition LER, REBECCA H RE POINTE DRIVE, SUITE 400	

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JEFFERY S LEE ٧ 04/18/2008

WEST CHESTER, OH 45069 US

WEST CHESTER, OH 45069 US

LEE, JEFFERY'S

(X) Change () Addition

9025 CENTRE POINTE DRIVE, SUITE 400