

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000706

FILED
Apr 29, 2009
Secretary of State

Entity Name: VARI-FORM HOLDING US CORP.

Current Principal Place of Business:

5200 TOWN CENTER CIRCLE, SUITE 600
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

5200 TOWN CENTER CIRCLE, SUITE 600
BOCA RATON, FL 33486

New Mailing Address:

5700 CROOKS ROAD
SUITE 207
TROY, MI 48098

FEI Number: 20-8212190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: VAS () Delete
Name: URBANEK, BRIAN
Address: 5200 TOWN CENTER CIRCLE, SUITE 600
City-St-Zip: BOCA RATON, FL 33486

Title: VAS () Delete
Name: HAJDUCH, MARK
Address: 5200 TOWN CENTER CIRCLE, SUITE 600
City-St-Zip: BOCA RATON, FL 33486

Title: DVP (X) Delete
Name: GILLEN, MICHAEL T
Address: 5200 TOWN CENTER CIRCLE, SUITE 600
City-St-Zip: BOCA RATON, FL 33486

Title: DVAS (X) Delete
Name: ALLEN, JAMES D
Address: 5200 TOWN CENTER CIRCLE, SUITE 600
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: DOW, STEPHEN
Address: 5200 TOWN CENTER CIRCLE, SUITE 600
City-St-Zip: BOCA RATON, FL 33486

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: SHARON PETRILL

MGR

04/29/2009

Electronic Signature of Signing Officer or Director

Date