

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003487

FILED
Mar 24, 2011
Secretary of State

Entity Name: CERTAINTED CEILINGS CORPORATION

Current Principal Place of Business:

145 KEYSTONE DRIVE
MONTGOMERYVILLE, PA 18936

New Principal Place of Business:

Current Mailing Address:

750 E. SWEDES FORD ROAD
VALLEY FORGE, PA 19482

New Mailing Address:

FEI Number: 23-2817856

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

OFFICERS AND DIRECTORS:

Title: PD
Name: DACHOWSKI, PETER R
Address: 750 E SWEDES FORD RD
City-St-Zip: VALLEY FORGE, PA 19482

Title: VP
Name: PANARO, ROBERT
Address: 750 E SWEDES FORD RD
City-St-Zip: VALLEY FORGE, PA 19482

Title: VPD
Name: WOINDRICH, CEDRIC
Address: 750 E SWEDES FORD RD
City-St-Zip: VALLEY FORGE, PA 19482

Title: VP
Name: MESSMER, STEVEN F
Address: 750 E SWEDES FORD RD
City-St-Zip: VALLEY FORGE, PA 19482

Title: S
Name: CICCOTELLI, TERESA T
Address: 750 E SWEDES FORD RD
City-St-Zip: VALLEY FORGE, PA 19482

Title: VPT
Name: SWEENEY III, JOHN J
Address: 750 E SWEDES FORD RD
City-St-Zip: VALLEY FORGE, PA 19482

I hereby 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 all other like empowered.

SIGNATURE: STEVEN MESSMER

VP

03/24/2011

Electronic Signature of Signing Officer or Director

Date