

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003490

Entity Name: KRAUS USA, INC.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

160 S. AMSLER AVE.
SHIPPENVILLE, PA 16254

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 704
CLARION, PA 16214

New Mailing Address:

FEI Number: 98-0351024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR.
SUITE 4
WESTON, FL 33331 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: PRES () Delete
Name: VOLLRATH, BRAD R
Address: 1551 CHURCH AVE, WINNIPEG,
City-St-Zip: MANITOBA, CANADA, MB R2X1G7 OC

Title: SEC () Delete
Name: VOLLRATH, BRAD R
Address: 1551 CHURCH AVE, WINNIPEG,
City-St-Zip: MANITOBA, CANADA, MB R2X1G7 OC

Title: TRES () Delete
Name: VOLLRATH, BRAD R
Address: 1551 CHURCH AVE, WINNIPEG,
City-St-Zip: MANITOBA, CANADA, MB R2X1G7 OC

Title: DIR () Delete
Name: VOLLRATH, BRAD R
Address: 1551 CHURCH AVE, WINNIPEG,
City-St-Zip: MANITOBA, CANADA, MB R2X1G7 OC

Title: DIR () Delete
Name: ECKHARDT, HAROLD
Address: 65 NORTHFIELD DR. WEST, WATERLOO
City-St-Zip: ONTARIO CANADA, ON N2J4J4 OC

Title: VP () Delete
Name: BURT, TIM
Address: 65 NORTHFIELD DR. WEST, WATERLOO
City-St-Zip: ONTARIO CANADA, ON N2J4J4 OC

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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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: TIM BURT

VP

04/22/2009

Electronic Signature of Signing Officer or Director

Date