

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003684

FILED
Jan 15, 2009
Secretary of State

Entity Name: AMO SALES AND SERVICE, INC.

Current Principal Place of Business:

1700 E ST. ANDREW PLACE
SANTA ANA, CA 92705

New Principal Place of Business:

Current Mailing Address:

1700 E ST. ANDREW PLACE
SANTA ANA, CA 92705

New Mailing Address:

FEI Number: 80-7759613

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 STE 4
WEATON, 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

OFFICERS AND DIRECTORS:

Title: DCP () Delete
Name: MAZZO, JAMES V
Address: 1700 E ST. ANDREW PLACE
City-St-Zip: SANTA ANA, CA 92705

Title: DVCS () Delete
Name: WEISNER, AIMEE S
Address: 1700 E ST. ANDREW PLACE
City-St-Zip: SANTA ANA, CA 92705

Title: DT () Delete
Name: SCULLIN, JR, VINCENT E
Address: 1700 E ST. ANDREW PLACE
City-St-Zip: SANTA ANA, CA 92705

Title: V () Delete
Name: MEIER, RICHARD A
Address: 1700 E ST. ANDREW PLACE
City-St-Zip: SANTA ANA, CA 92705

Title: CFO () Delete
Name: LAMBERT, MICHAEL J
Address: 1700 E ST. ANDREW PLACE
City-St-Zip: SANTA ANA, CA 92705

Title: V () Delete
Name: POST, DOUGLAS H
Address: 1700 E ST. ANDREW PLACE
City-St-Zip: SANTA ANA, CA 92705

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:

Title: V (X) Change () Addition
Name: RAGO, ANGELO
Address: 510 COTTONWOOD DRIVE
City-St-Zip: MILPITAS, CA 95035

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELO RAGO

V

01/15/2009

Electronic Signature of Signing Officer or Director

Date