2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003684

Entity Name: AMO SALES AND SERVICE, INC.

FILED Jan 15, 2009 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 1700 E ST. ANDREW PLACE SANTA ANA, CA 92705 **Current Mailing Address: New Mailing Address:** 1700 E ST. ANDREW PLACE SANTA ANA, CA 92705 FEI Number: 80-7759613 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVÉ PARK DR STE 4 WEATON, FL 33331 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:

OFFICERS AND DIRECTORS:

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title:	DCP () Delete	Title:	() Change () Addition
Name:	MAZZO, JAMES V	Name:	
Address:	1700 E ST. ANDREW PLACE	Address:	
City-St-Zip:	SANTA ANA, CA 92705	City-St-Zip:	
Title:	DVCS () Delete	Title:	() Change () Addition
Name:	WEISNER, AIMEE S	Name:	
Address:	1700 E ST. ANDREW PLACE	Address:	
City-St-Zip:	SANTA ANA, CA 92705	City-St-Zip:	
Title:	DT () Delete	Title:	() Change () Addition
Name:	SCULLIN, JR, VINCENT E	Name:	
Address:	1700 E ST. ANDREW PLACE	Address:	
City-St-Zip:	SANTA ANA, CA 92705	City-St-Zip:	
Title:	V () Delete	Title:	() Change () Addition
Name:	MEIER, RICHARD A	Name:	
Address:	1700 E ST. ANDREW PLACE	Address:	
City-St-Zip:	SANTA ANA, CA 92705	City-St-Zip:	
Title:	CFO () Delete	Title:	() Change () Addition
Name:	LAMBERT, MICHAEL J	Name:	
Address:	1700 E ST. ANDREW PLACE	Address:	
City-St-Zip:	SANTA ANA, CA 92705	City-St-Zip:	
Title:	V () Delete	Title:	V (X) Change () Addition
Name:	POST, DOUGLAS H	Name:	RAGO, ANGELO
Address:	1700 E ST. ANDREW PLACE	Address:	510 COTTONWOOD DRIVE
City-St-Zip:	SANTA ANA, CA 92705	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