

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005974

FILED
Apr 29, 2008
Secretary of State

Entity Name: ROADS SAFE TRAFFIC SYSTEMS, INC.

Current Principal Place of Business:

12225 DISK DRIVE
ROME OVILLE, IL 60446

New Principal Place of Business:

Current Mailing Address:

12225 DISK DRIVE
ROME OVILLE, IL 60446

New Mailing Address:

FEI Number: 26-1084418

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
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: CEO () Delete
Name: CATALONELLO, MICHAEL
Address: 12225 DISK DRIVE
City-St-Zip: ROME OVILLE, IL 60446

Title: COO () Delete
Name: HOLST, KATHLEEN
Address: 12225 DISK DRIVE
City-St-Zip: ROME OVILLE, IL 60446

Title: CD () Delete
Name: ROGOFF, ERIC
Address: 450 PARK AVE 10TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: PARK, KYUN
Address: 450 PARK AVE 10TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: FRIED, BURTON
Address: 877 POST ROAD EAST STE 4
City-St-Zip: WESTPORT, CT 06880

Title: D () Delete
Name: STIFF, P. ENOCH
Address: 1200 W SIERRA LANE
City-St-Zip: MEQUON, WI 53092

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: () 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: KATHLEEN HOLST

COO

04/29/2008

Electronic Signature of Signing Officer or Director

Date