

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002415

Entity Name: ALUMA-KRAFT SALES, INC.

FILED  
May 28, 2009  
Secretary of State

## Current Principal Place of Business:

2400 IRVIN COBB DR.  
PADUCAH, KY 42003

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 588  
PADUCAH, KY 420020588

## New Mailing Address:

FEI Number: 61-0708635

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWN, RONNIE  
4023 SW 29 AVE.  
CAPE CORAL, FL 33914 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: BROWN, RONNIE  
Address: 2400 IRVIN COBB DR.  
City-St-Zip: PADUCAH, KY 42003

Title: D ( ) Delete  
Name: FLANARY, JENNY  
Address: 2400 IRVIN COBB DR.  
City-St-Zip: PADUCAH, KY 42003

Title: DV ( ) Delete  
Name: BUGG, GLORIA  
Address: 2400 IRVIN COBB DR.  
City-St-Zip: PADUCAH, KY 42003

Title: D ( ) Delete  
Name: CLAPP, RHONDA  
Address: 4225 CAIRO RD.  
City-St-Zip: PADUCAH, KY 12001

Title: ST ( ) Delete  
Name: BROWN, JORETTA  
Address: 2400 IRVIN COBB DR.  
City-St-Zip: PADUCAH, KY 42003

## 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:

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: ROBERT PERSHA

CFO

05/28/2009

Electronic Signature of Signing Officer or Director

Date