## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# F08000003042

Entity Name: THE VALLEY GROUP, INC.

FILED Jul 15, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 871 ETHAN ALLEN HWY, SUITE 104 RIDGEFIELD, CT 06877 **Current Mailing Address: New Mailing Address:** C/O NEXANS INC 132 WHITE OAK RD NEW HOLLAND, PA 17557 US FEI Number: 16-1407516 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: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

Title:

Name:

## **OFFICERS AND DIRECTORS:**

GORDON

() Delete

Title:

Name:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

THURSFIELD, GORDON

(X) Change ( ) Addition

140 ALLSTATE PKWY 140 ALLSTATE PKWY Address: Address: City-St-Zip: MARKHAM, ONTARIO, NA L3R 0Z7 CA City-St-Zip: MARKHAM, ONTARIO, NA L3R 0Z7 CA Title: Title: () Delete (X) Change ( ) Addition STINSON, KEVIN Name: **KEVIN** Name: 140 ALLSTATE PKWY 140 ALLSTATE PKWY Address: Address: MARKHAM, ONTARIO, NA L3R 0Z7 CA MARKHAM, ONTARIO, NA L3R 0Z7 CA City-St-Zip: City-St-Zip: Title: Title: D ( ) Delete (X) Change ( ) Addition **FRANK** Name: RYAN, FRANK Name: 110 NORTH CENTER STREET, STE 204 110 NORTH CENTER STREET, STE 204 Address: Address: City-St-Zip: HICKORY, NC 28601 US City-St-Zip: HICKORY, NC 28601 US

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: KEVIN STINSON ٧ 07/15/2009