

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004078

Entity Name: ALDIS INC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

702 S. ILLINOIS AVE.
SUITE B101
OAK RIDGE, TN 37830

New Principal Place of Business:

Current Mailing Address:

702 S. ILLINOIS AVE.
SUITE B101
OAK RIDGE, TN 37830

New Mailing Address:

FEI Number: 90-0417061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CHRM () Delete
Name: KLINE, GLEN
Address: 10702 MURDOCK RD. INNOVATION VALLEY PARTNE
City-St-Zip: KNOXVILLE, TN 37932

Title: D () Delete
Name: KASDIN, KEF
Address: 103 CARNEGIE CENTER, SUITE 100
City-St-Zip: PRINCETON, NJ 08540

Title: P () Delete
Name: SHERRILL, JAMES
Address: 702 S. ILLINOIS AVE. SUITE B101
City-St-Zip: OAK RIDGE, TN 37830

Title: ST () Delete
Name: MALKES, WILLIAM A
Address: 702 S. ILLINOIS AVE. SUITE B101
City-St-Zip: OAK RIDGE, TN 37830

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:

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: WILLIAM MALKES

COO

04/14/2009

Electronic Signature of Signing Officer or Director

Date