

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004347

FILED
Apr 02, 2010
Secretary of State

Entity Name: CRITCHFIELD MECHANICAL, INC.

Current Principal Place of Business:

1901 JUNCTION AVENUE
SAN JOSE, CA 95131 US

New Principal Place of Business:

Current Mailing Address:

1901 JUNCTION AVENUE
SAN JOSE, CA 95131 US

New Mailing Address:

FEI Number: 94-2423335 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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: C
Name: CRITCHFIELD, JOE P
Address: 1901 JUNCTION AVENUE
City-St-Zip: SAN JOSE, CA 95131 US

Title: P
Name: CRITCHFIELD, W. MICHAEL
Address: 1901 JUNCTION AVENUE
City-St-Zip: SAN JOSE, CA 95131 US

Title: V
Name: POE, STEVE
Address: 1901 JUNCTION AVENUE
City-St-Zip: SAN JOSE, CA 95131 US

Title: S
Name: CRITCHFIELD, VICTOR
Address: 1901 JUNCTION AVENUE
City-St-Zip: SAN JOSE, CA 95131 US

Title: V
Name: LOPEZ, STEVE
Address: 1901 JUNCTION AVENUE
City-St-Zip: SAN JOSE, CA 95131 US

Title: V
Name: GUSTAFSON, STEVE
Address: 1901 JUNCTION AVENUE
City-St-Zip: SAN JOSE, CA 95131 US

I hereby 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 all other like empowered.

SIGNATURE: W. MICHAEL CRITCHFIELD

VP

04/02/2010

Electronic Signature of Signing Officer or Director

_____ Date