2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003239

Entity Name: STOFFEL SEALS CORPORATION

FILED Apr 29, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

227 N. ARTE 303, UNIT 101 227 N. RTE 303, UNIT 101 CONGERS, NY 10920 US CONGERS, NY 10920 US

Current Mailing Address: New Mailing Address:

P. O. BOX 825 227 N. RTE 303, UNIT 101 NYACK, NY 109600825 US CONGERS, NY 10920 US

FEI Number: 13-1733147 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 US

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

OFFICERS AND DIRECTORS:

Title:

Name: MORTON, IAN

Address: 227 N. RTE 303, UNIT 101 City-St-Zip: CONGERS, NY 10920

Title: S

Name: BALDETTI, PAUL

Address: 227 N. RTE 303, UNIT 101 City-St-Zip: CONGERS, NY 10920

Title: T

 Name:
 HEINEMANN, BRUCE

 Address:
 227 N. RTE 303, UNIT 101

 City-St-Zip:
 CONGERS, NY 10920

Title: [

 Name:
 CONRADS, ROBERT

 Address:
 227 N. RTE 303, UNIT 101

 City-St-Zip:
 CONGERS, NY 10920

Title:

 Name:
 YAMASHITA, KEVIN

 Address:
 227 N. RTE 303, UNIT 101

 City-St-Zip:
 CONGERS, NY 10920

Title:

 Name:
 CHEN, WESLEY

 Address:
 227 N. RTE 303, UNIT 101

 City-St-Zip:
 CONGERS, NY 10920

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: BRUCE HEINEMANN T 04/29/2011