

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003349

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** DEPENDABLE STERILIZER REPAIR, INC.

**Current Principal Place of Business:**

41261 N BLACKHAWK TRAIL  
WADSWORTH, IL 60083

**New Principal Place of Business:**

41261 N. BLACKHAWK TRAIL  
WADSWORTH, IL 60083

**Current Mailing Address:**

2507 ARBORWOOD DR  
VALRICO, FL 33596

**New Mailing Address:**

**FEI Number:** 36-4116750      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

NESSI, JOE  
2507 ARBORWOOD DR  
VALRICO, FL 33596      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:** CP  
**Name:** NESSI, JOE  
**Address:** 2507 ARBORWOOD DR  
**City-St-Zip:** VALRICO, FL 33596

**Title:** VCCP  
**Name:** BOBHOLZ, RICHARD NESSI  
**Address:** 1312 MEDINAH ST  
**City-St-Zip:** BENSENVILLE, IL 60106

**Title:** S  
**Name:** BOBHOLZ, RICHARD  
**Address:** 1312 MEDINAH ST  
**City-St-Zip:** BENSENVILLE, IL 60106

**Title:** T  
**Name:** MCCORD, TOM  
**Address:** 41261 N BLACKHAWK TRAIL  
**City-St-Zip:** WADSWORTH, IL 60083

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:** JOSEPH P. NESSI

PRES

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date