

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # F93000002065

1. Entity Name
FEDDERS INTERNATIONAL, INC.



Principal Place of Business

505 MARTINSVILLE RD
PO BOX 813
LIBERTY CORNER, NJ 07938 US

Mailing Address

505 MARTINSVILLE RD
PO BOX 813
LIBERTY CORNER, NJ 07938 US



04052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-2860323

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	HANSEN, KENT E
STREET ADDRESS	505 MARTINSVILLE RD
CITY- ST- ZIP	LIBERTY CORNER, NJ 07938
TITLE	VCFO
NAME	GIORDANO, MICHAEL
STREET ADDRESS	505 MARTINSVILLE RD
CITY- ST- ZIP	LIBERTY CORNER, NJ 07938
TITLE	VP
NAME	BRUNO, JORDAN L
STREET ADDRESS	505 MARTINSVILLE RD
CITY- ST- ZIP	LIBERTY CORNER, NJ 07938
TITLE	DCEO
NAME	GIORDANO, JR., SALVATORE
STREET ADDRESS	505 MARTINSVILLE RD
CITY- ST- ZIP	LIBERTY CORNER, NJ 07938
TITLE	T
NAME	DIGIOVANNI, NANCY
STREET ADDRESS	505 MARTINSVILLE RD
CITY- ST- ZIP	LIBERTY CORNER, NJ 07938
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000761850
05/25/07-80071-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jordan L Bruno*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP
FAXES

Date

Daytime Phone #

4/25/07 (408)604-8686 *4229