


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # F93000002507

1. Entity Name
WELD-ON ADHESIVES, INC.



Principal Place of Business
**17109 S. MAIN ST.
 GARDENA, CA 90248**

Mailing Address
**17109 S. MAIN ST.
 GARDENA, CA 90248**



02202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-4354983

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PARACORP INCORPORATED
 236 EAST 6TH AVENUE
 TALLAHASSEE, FL 32303**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008, Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BESCOBY, ERIC 17109 S. MAIN ST. GARDENA, CA 90248
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT SANZARI, RICHARD 455 W VICTORIA ST COMPTON, CA 90220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABLANC, EDWARD 3509 BROMLEY WOODS LN GREENSBORO, NC 27410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRY, ALAN 3833 COVE CIRCLE COMMERCE TOWNSHIP, MI 48382
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILBROUGH, TRACY 112 KINGSPOUR ROAD --- HOLLY SPRINGS, NC 27540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZMEYERS, THOMAS 5956 W. LAS POSITAS BLVD PLEASANTON, CA 94588

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 03/04/08-80041-024 150.00

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:  **Richard Sanzari** **2/20/08** **(310)898-3303**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #