2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002507

Entity Name: WELD-ON ADHESIVES, INC.

FILED Mar 11, 2009 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
17109 S. M. GARDENA,					
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
17109 S. M. GARDENA,					
FEI Number:	95-4354983	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
236 EAST 6	P INCORPOR 3TH AVENUE SEE, FL 3230				
The above in the State	named entity s of Florida.	submits this statement for the pur	pose of changing its registe	red office or registered agent, or both,	
SIGNATURE:					
		ic Signature of Registered Agent		Date	
Election Cam	paign Financing	g Trust Fund Contribution ().			
OFFICERS	AND DIREC	TORS:	ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCEO () BESCOBY, ERI 17109 S. MAIN GARDENA, CA	ST.	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	CFOT () SANZARI, RICH 455 W VICTOR COMPTON, CA	IA ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () LABLANC, EDW 3509 BROMLE' GREENSBORO	Y WOODS LN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BARRY, ALAN 3833 COVE CIF	Delete RCLE DWNSHIP, MI 48382	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () BILBROUGH, T 112 KINGSPOR HOLLY SPRING	RT ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () FITZMEYERS, 5956 W. LAS P PLEASANTON,	OSITAS BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARIA DE CASTRO MGR 03/11/2009