

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004669

Entity Name: REXAM AIRSPRAY INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

3768 PARK CENTRAL BOULEVARD
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

4201 CONGRESS STREET
SUITE 340
CHARLOTTE, NC 28209

New Mailing Address:

FEI Number: 13-3262539 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: PRES () Delete
Name: BRANDS, ROBERT F
Address: 3768 PARK CENTRAL BLVD N
City-St-Zip: POMPANO BEACH, FL 33064

Title: VP () Delete
Name: BROWN, FRANK
Address: 4201 CONGRESS STREET, SUITE 340
City-St-Zip: CHARLOTTE, NC 28209

Title: TREAS () Delete
Name: TUMLIN, CLINTON
Address: 4201 CONGRESS STREET, SUITE 340
City-St-Zip: CHARLOTTE, NC 28209

Title: ASEC () Delete
Name: HARRINGTON, PEGGY
Address: 4201 CONGRESS STREET, SUITE 340
City-St-Zip: CHARLOTTE, NC 28209

Title: VP () Delete
Name: GLASSHOFF, RONALD T
Address: 4201 CONGRESS STREET
City-St-Zip: CHARLOTTE, NC 28209

Title: VP () Delete
Name: HYSKO, LISA R
Address: 4201 CONGRESS STREET
City-St-Zip: CHARLOTTE, NC 28209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: RIVEROS-JACOBSEN, MISHA
Address: 1899 N WILKINSON WAY
City-St-Zip: PERRYSBURG, OH 43551

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

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Name: _____
Address: _____
City-St-Zip: _____

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Name: _____
Address: _____
City-St-Zip: _____

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Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

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: PEGGY B HARRINGTON

ASEC

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date