2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# F95000001502

Entity Name: STAPLETON ELECTRIC CO.

Current Principal Place of Business:

4845 SR 128
CLEVES, OH 45002

New Principal Place of Business:

Current Mailing Address:

4845 SR 128
CLEVES, OH 45002

New Mailing Address:

FEI Number: 31-0739736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STAPLETON, STEPHEN J
6422 COCOS AVE
FT. MYERS, FL 33908 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: D,P ( ) Delete
Name: STAPLETON, DAVID J PRESIDE
Address: 2983 TRIPLECROWN DRIVE
City-St-Zip: NORTH BEND, OH 45052

Title: DST ( ) Delete
Name: LEOPOLD, KATHLEEN A
Address: 1767 FORESTVIEW LANE
City-St-Zip: CINCINATTI, OH 45233

Title: VC ( ) Delete
Name: STAPLETON, STEPHEN J
Address: 583 BRADDOCK COURT
City-St-Zip: EDGEWOOD, KY 41017

Title: D ( ) Delete
Name: LIPPS, RICHARD C
Address: 6062 DALEVIEW
City-St-Zip: CINCINATTI, OH 45247

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ( ) Change ( ) Addition
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: KATHLEEN A LEOPOLD DST 02/04/2009

Electronic Signature of Signing Officer or Director Date