


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90200 009 ***150.00

DOCUMENT # F95000006136		
1. Entity Name STANT CORPORATION		

Principal Place of Business 6450 POE AVE SUITE 1090 DAYTON, OH 45414	Mailing Address 1551 WEWATTA STREET MAIL CODE 90-A4 DENVER, CO 80202
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60030542



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04132006 Chg-P CR2E034 (11/05)

4. FEI Number 35-1768429	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, DAVID		NAME		
STREET ADDRESS	100 KING ST W 6600 11ST CANADIAN PL		STREET ADDRESS		
CITY-ST-ZIP	TORONTO ON, m5x1b8		CITY-ST-ZIP		
TITLE	CFOV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISSER, DANIEL		NAME		
STREET ADDRESS	6450 POE AVE, STE 109		STREET ADDRESS		
CITY-ST-ZIP	DAYTON, OH 45414		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, KATHLEEN A		NAME		
STREET ADDRESS	1551 WEWATTA ST		STREET ADDRESS		
CITY-ST-ZIP	DENVER, CO 80202		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPPAYLIOU, GEORGE S		NAME		
STREET ADDRESS	6450 POE AVE, STE 109		STREET ADDRESS		
CITY-ST-ZIP	DAYTON, OH 45414		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRCHHOFF, GREGORY F		NAME		
STREET ADDRESS	6450 POE AVE, STE 109		STREET ADDRESS		
CITY-ST-ZIP	DAYTON, OH 45414		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSK, DIANE M		NAME	Procopio, Joseph C.	
STREET ADDRESS	1551 WEWATTA ST		STREET ADDRESS	1551 Wewatta Street	
CITY-ST-ZIP	DENVER, CO 80202		CITY-ST-ZIP	Denver, CO 80202	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

303-744-4216

Daytime Phone #