

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000849

Entity Name: MAINLINING SERVICE, INC.

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

555 POUND RD
ELMA, NY 14059

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 96
ELMA, NY 14059

New Mailing Address:

FEI Number: 16-0813662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: VP () Delete
Name: PERKINS, CRAIG R
Address: 181 BRIDAL PATH
City-St-Zip: ORCHARD PARK, NY 14127

Title: VP () Delete
Name: PAWLOWSKI, ALAN
Address: P.O. BOX 248
City-St-Zip: SPRING BROOK, NY 14140

Title: P () Delete
Name: ZELENKOFESKE, ANDREW
Address: 6140 PARKLAND BLVD, SUITE 300
City-St-Zip: MAYFIELD HTS, OH 44124

Title: ST () Delete
Name: SISTI, LAURIE
Address: 11486 RENEE CT
City-St-Zip: MARILLA, NY 14102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: PERKINS, CRAIG R
Address: 87 BRIDAL PATH
City-St-Zip: ORCHARD PARK, NY 14127

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: LAURIE SISTI

ST

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date