

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001036

Entity Name: LOCHINVAR CORPORATION

FILED  
Apr 26, 2007  
Secretary of State

## Current Principal Place of Business:

4934 DISTRIBUTION DRIVE  
TAMPA, FL 33605

## New Principal Place of Business:

## Current Mailing Address:

300 MADDOX SIMPSON PARKWAY  
LEBANON, TN 37090

## New Mailing Address:

FEI Number: 62-1465249

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRAY, JOSEPH T  
4934 DISTRIBUTION DRIVE  
TAMPA, FL 33605 US

## Name and Address of New Registered Agent:

PRINCE, REX  
9695 DELEGATES DRIVE  
SUITE 502  
ORLANDO, FL 32837 US

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: REX PRINCE

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: VALLETT, WILLIAM L JR  
Address: 300 MADDOX SIMPSON PARKWAY  
City-St-Zip: LEBANON, TN 37090

Title: VDS ( ) Delete  
Name: VALLETT, THOMAS A  
Address: 300 MADDOX SIMPSON PARKWAY  
City-St-Zip: LEBANON, TN 37090

Title: VD ( ) Delete  
Name: VALLETT, JEFFREY W  
Address: 300 MADDOX SIMPSON PARKWAY  
City-St-Zip: LEBANON, TN 37090

Title: V ( ) Delete  
Name: LAHTI, MICHAEL J  
Address: 300 MADDOX SIMPSON PARKWAY  
City-St-Zip: LEBANON, TN 37090

Title: VT ( ) Delete  
Name: USERY, JOEL R  
Address: 300 MADDOX SIMPSON PARKWAY  
City-St-Zip: LEBANON, TN 37090

## 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:

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: JOEL R USERY

VP

04/26/2007

Electronic Signature of Signing Officer or Director

Date