

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004120

FILED
Apr 29, 2009
Secretary of State

Entity Name: PERMATHERM, INC.

Current Principal Place of Business:

269 INDUSTRIAL PK RD
MONTICELLO, GA 31064

New Principal Place of Business:

Current Mailing Address:

1000 ABERNATHY RD
SUITE 1100
ATLANTA, GA 30328

New Mailing Address:

PO BOX 501685
ATLANTA, GA 31150

FEI Number: 58-1720826

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: CEO () Delete
Name: MADREN, KENNETH V JR
Address: 1000 ABERNATHY RD, STE 1100
City-St-Zip: ATLANTA, GA 30328

Title: COO () Delete
Name: MADREN, KENNETH V III
Address: 1000 ABERNATHY RD, STE 1100
City-St-Zip: ATLANTA, GA 30328

Title: CFO (X) Delete
Name: MANTEL, RITA M
Address: 1000 ABERNATHY RD, STE 1100
City-St-Zip: ATLANTA, GA 30328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: MADREN, KENNETH V III
Address: PO BOX 501685
City-St-Zip: ATLANTA, GA 31150

Title: CFO (X) Change () Addition
Name: MANTEL, RITA M
Address: PO BOX 501685
City-St-Zip: ATLANTA, GA 31150

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: RITA M MANTEL

CFO

04/29/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date