

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000540

FILED  
Apr 12, 2011  
Secretary of State

**Entity Name:** UTILITY TRAILER MANUFACTURING COMPANY

**Current Principal Place of Business:**

17295 E. RAILROAD ST  
CITY OF INDUSTRY, CA 91749

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1299  
CITY OF INDUSTRY, CA 91749

**New Mailing Address:**

**FEI Number:** 33-0264055

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: BENNETT, JEFFREY J  
Address: 17295 E. RAILROAD ST.  
City-St-Zip: CITY OF INDUSTRY, CA 91749

Title: PD  
Name: BENNETT, HAROLD C  
Address: 17295 E. RAILROAD ST.  
City-St-Zip: CITY OF INDUSTRY, CA 91749

Title: DCEO  
Name: BENNETT, PAUL F  
Address: 17295 E. RAILROAD ST.  
City-St-Zip: CITY OF INDUSTRY, CA 91749

Title: VSTD  
Name: BENNETT, CRAIG M  
Address: 17295 E. RAILROAD ST.  
City-St-Zip: CITY OF INDUSTRY, CA 91749

Title: V  
Name: BENNETT, STEPHEN F  
Address: 17295 W. RAILROAD ST.  
City-St-Zip: CITY OF INDUSTRY, CA 91749

I hereby 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 all other like empowered.

SIGNATURE: HAROLD BENNETT

PD

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date