

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006056

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: RAULAND-BORG CORPORATION OF FLORIDA

**Current Principal Place of Business:**

620 DOUGLAS AVE.  
SUITE 1316  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

620 DOUGLAS AVE.  
SUITE 1316  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 36-2124601      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GRAHAM, SUZANNE H  
Address: 620 DOUGLAS AVE. SUITE 1316  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TD ( ) Delete  
Name: STALKFLEET, RICK  
Address: 3450 WEST OAKTON ST.  
City-St-Zip: SKOKIE, IL 600762951

Title: D ( ) Delete  
Name: KIDDER, NORMAN  
Address: 3450 WEST OAKTON ST.  
City-St-Zip: SKOKIE, IL 600762951

Title: D ( ) Delete  
Name: KRUCKS, KENNETH  
Address: 3450 WEST OAKTON ST.  
City-St-Zip: SKOKIE, IL 600762951

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: STALKFLEET, RICK  
Address: 1802 WEST CENTRAL RD  
City-St-Zip: MT PROSPECT, IL 60056

Title: D (X) Change ( ) Addition  
Name: KIDDER, NORMAN  
Address: 1802 WEST CENTRAL RD  
City-St-Zip: MT PROSPECT, IL 60056

Title: D (X) Change ( ) Addition  
Name: KRUCKS, KENNETH  
Address: 1802 WEST CENTRAL RD  
City-St-Zip: MT PROSPECT, IL 60056

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: SUZANNE GRAHAM

PRES

03/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date