## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F98000000975

1. Entity Name

SUPÉRIOR INDUSTRIAL MAINTENANCE COMPANY



FILED Jan 25, 2008 08:00 AM Secretary of State

Principal Place of Business

4801 STOUGH RD. CONCORD, NC 28027 Mailing Address

P.O. BOX 940

HARRISBURG, NC 28075



DO NOT WRITE IN THIS SPACE 01162008

No Chg-P

CR2E034 (11/05)

4. FEI Number 56-1779224

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its regis	stered office or r	egistered agent, or bo	oth, in the State of Florida.	am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	l'applicable (NOTE: Regi	stered Agent signature	required when reinstating)	DA	TE
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT CP SMITH, STEVEN E 4801 STOUGH RD. CONCORD, NC 28027	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WHITE, DAVID 4801 STOUGH RD. CONCORD, NC 28027				U0000079633 01/29/08-80029	38 3-007 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPAC	E
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TITLE NAME STREET ADDRESS CITY-SI-ZIP					· · · · · · · · · · · · · · · · · · ·	
12. I hereby o	certify that the information supplied with this fi	ling does not qualify for the	exemptions co	ntained in Chapter 11	9, Florida Statutes. I further	certify that the information

indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/1

704/795-0001

Daytime Phone #