

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001025

FILED
Jan 12, 2009
Secretary of State

Entity Name: AMERICAN CHAIN ASSOCIATION, INC.

Current Principal Place of Business:

6724 LONE OAK BLVD.
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

6724 LONE OAK BLVD.
NAPLES, FL 34109

New Mailing Address:

FEI Number: 36-2445395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REINFRIED, ROBERT A
3107 TERRAMAR COURT
NAPLES, FL 34119 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: P () Delete
Name: FANNIN, DAN
Address: P O BOX 687
City-St-Zip: MAYSVILLE, KY 41056

Title: S () Delete
Name: REINFRIED, ROBERT A
Address: 6724 LONE OAK BLVD.
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: WALSH, S
Address: 402 KENTUCKY AVE
City-St-Zip: INDIANAPOLIS, IN 46207

Title: D () Delete
Name: HALL, WILLIAM C
Address: 3701 PERFORMANCE ROAD
City-St-Zip: CHARLOTTE, NC 28266

Title: D () Delete
Name: LAMB, JAMES F
Address: 1009 FIRST STREET
City-St-Zip: FULTON, IL 61252

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A REINFRIED

S

01/12/2009

Electronic Signature of Signing Officer or Director

Date