

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001580

Entity Name: BEKAERT CORPORATION

FILED
Feb 13, 2009
Secretary of State

Current Principal Place of Business:

3200 WEST MARKET ST.
AKRON, OH 44333

New Principal Place of Business:

3200 WEST MARKET ST.
SUITE 303
AKRON, OH 44333

Current Mailing Address:

3200 WEST MARKET ST.
AKRON, OH 44333

New Mailing Address:

3200 WEST MARKET ST.
SUITE 303
AKRON, OH 44333

FEI Number: 62-1340165

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:

C T CORPORATION SYSTEM
1203 GOVERNORS SQ BLVD
SUITE 101
TALLAHASSEE, FL 32301 US

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:

02/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCWHIRT, RICK
Address: ONE BEKAERT DRIVE
City-St-Zip: ROGERS, AR 72756 US

Title: S () Delete
Name: BEST, DAVID R
Address: 3200 W. MARKET ST.
City-St-Zip: AKRON, OH 44333 US

Title: D () Delete
Name: MCWHIRT, RICK
Address: ONE BEKAERT DRIVE
City-St-Zip: ROGERS, AR 72756 US

Title: D () Delete
Name: BEST, DAVID R
Address: 3200 WEST MARKET ST
City-St-Zip: AKRON, OH 44333 US

Title: D () Delete
Name: VOET, GEERT
Address: 1395 S. MARIETTA PKWY
City-St-Zip: MARIETTA, GA 30067 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID R BEST

S

02/13/2009

Electronic Signature of Signing Officer or Director

Date