

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003275

FILED
Mar 27, 2009
Secretary of State

Entity Name: THE COAST DISTRIBUTION SYSTEM, INC.

Current Principal Place of Business:

350 WOODVIEW AVENUE
SUITE 100
MORGAN HILL, CA 95037 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1449
MORGAN HILL, CA 95038

New Mailing Address:

FEI Number: 94-2490990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CEOP () Delete
Name: MCGUIRE, THOMAS R
Address: 350 WOODVIEW AVE SUITE 100
City-St-Zip: MORGAN HILL, CA 95037

Title: EVS () Delete
Name: KNELL, SANDRA A
Address: 350 WOODVIEW AVE SUITE 100
City-St-Zip: MORGAN HILL, CA 95037

Title: EV () Delete
Name: BERGER, DAVID A
Address: 350 WOODVIEW AVE SUITE 100
City-St-Zip: MORGAN, CA 95037

Title: V () Delete
Name: CASTAGNOLA, DENNIS
Address: 350 WOODVIEW AVE SUITE 100
City-St-Zip: MORGAN HILL, CA 95037

Title: ASD () Delete
Name: FRYDMAN, BEN A
Address: 350 WOODVIEW AVE SUITE 100
City-St-Zip: MORGAN HILL, CA 95037

Title: D () Delete
Name: THROOP, ROBERT
Address: 350 WOODVIEW AVE SUITE100
City-St-Zip: MORGAN HILL, CA 95037

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
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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: SANDRA KNELL

EVP

03/27/2009

Electronic Signature of Signing Officer or Director

Date