2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F98000005765

Entity Name: METROMONT CORPORATION

FILED Jun 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2802 WHITE HORSE ROAD GREENVILLE, SC 29611 **Current Mailing Address: New Mailing Address:** P.O. BOX 2486 GREENVILLE, SC 29602 FEI Number: 58-2322112 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Delete () Change () Addition BRUCE, GRANT W Name: Name: 2802 WHITE HORSE ROAD (29611-6110) Address: Address: City-St-Zip: GREENVILLE, SC City-St-Zip: Title: Title: () Delete () Change () Addition Name: PENNELL, RICHARD H Name: 2802 WHITE HORSE ROAD (29611-6110) Address: Address: GREENVILLE, SC City-St-Zip: City-St-Zip: () Delete Title: Title: PD () Change () Addition PENNELL JR, RICHARD H Name: Name: 2802 WHITE HORSE ROAD (29611-6110) Address: Address: City-St-Zip: GREENVILLE, SC City-St-Zip: Title: VST () Delete Title: () Change () Addition MEDDERS, JAMES H Name: Name: Address: 2802 WHITE HORSE ROAD (29611-6110) Address: City-St-Zip: GREENVILLE, SC City-St-Zip: Title: Title: () Delete () Change () Addition KNIGHT, JAMES H Name: Name: 2802 WHITE HORSE RD Address: Address: City-St-Zip: GREENVILLE, SC 29611 City-St-Zip: Title: () Delete Title: () Change () Addition GLEICH, HARRY A Name: Name: 2802 WHITE HORSE RD Address: Address: City-St-Zip: City-St-Zip: GREENVILLE, SC 29611

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: JAMES H MEDDERS VST 06/29/2009