2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# F99000001140

Entity Name: SOMFY SYSTEMS, INC.

Current Principal Place of Business:

47 COMMERCE DR.
CRANBURY, NJ 08512

New Principal Place of Business:

Current Mailing Address:

47 COMMERCE DR.
CRANBURY, NJ 08512

New Mailing Address:

FEI Number: 22-2182262 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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: C ( ) Delete
Name: LENAOUR, WILFRED
Address: 50 AVENUE DE NOUVEAU MONDE, 74300 CLUSES
City-St-Zip: FRANCE,

Title: DP ( ) Delete
Name: LEE, MICHAEL
Address: 33 RED COACH LN.
City-St-Zip: HOLMDEL, NJ 07733

Title: D ( ) Delete
Name: TRELLU, ISRUS
Address: 50 AVENUE DE NOUGAU MONDI
City-St-Zip: FRANCE,

Title: D (X) Delete
Name: FOUREL, JEAN-NOEL
Address: 50 AVENUE DE NOUVEAU MONDE
City-St-Zip: FRANCE,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: LENAOUR, WILFRED
Address: 50 AVENUE DE NOUVEAU MONDE,
City-St-Zip: CLUSES, FR 74300 FR

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

Title: D (X) Change ( ) Addition
Name: TRELLU, HERVE
Address: 50 AVENUE DE NOUVEAU MONDE,
City-St-Zip: CLUSES, FR 74300 FR

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: SCOTT IONIN MR 01/14/2009

Electronic Signature of Signing Officer or Director Date