

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002544

FILED
Apr 06, 2009
Secretary of State

Entity Name: TEGRANT DIVERSIFIED BRANDS, INC.

Current Principal Place of Business:

800 FIFTH AVE.
NEW BRIGHTON, PA 15066

New Principal Place of Business:

Current Mailing Address:

800 FIFTH AVE.
NEW BRIGHTON, PA 15066

New Mailing Address:

FEI Number: 25-1119372 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 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: PRES () Delete
Name: BEESON, ROB
Address: 800 FIFTH AVENUE
City-St-Zip: NEW BRIGHTON, PA 15066

Title: VTR () Delete
Name: HEREFORD, JAY W
Address: 1401 PLEASANT ST
City-St-Zip: DEKALB, IL 60115

Title: SECR (X) Delete
Name: BOULDON, ALLYSON
Address: 1401 PLEASANT ST
City-St-Zip: DEKALB, IL 60115

Title: D () Delete
Name: LEACH, RONALD G
Address: 1401 PLEASANT ST
City-St-Zip: DE KALB, IL 60115

Title: D (X) Delete
Name: FILIPPINI, DAN
Address: 3930 VENTURA DRIVE, SUITE 450
City-St-Zip: ARLINGTON HEIGHTS, IL 60004

Title: V () Delete
Name: AMBERG, PHILIP
Address: 1401 PLEASANT ST
City-St-Zip: DEERFIELD, IL 60015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BOHN, COLLEEN
Address: 3930 VENTURA DRIVE SUITE 450
City-St-Zip: ARLINGTON HEIGHTS, IL 60004

Title: TR/D (X) Change () Addition
Name: HEREFORD, JAY W
Address: 1401 PLEASANT ST
City-St-Zip: DEKALB, IL 60115

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: CONNIE SMITH

_____ Electronic Signature of Signing Officer or Director

TAXS

04/06/2009

_____ Date