

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003022

FILED
Jan 09, 2009
Secretary of State

Entity Name: HOME IMPROVEMENT RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

3922 COCONUT PALM DRIVE
3RD FLR
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

3922 COCONUT PALM DRIVE
3RD FLR
TAMPA, FL 33619

New Mailing Address:

FEI Number: 31-1020154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGEL, ANGELA R
3922 COCONUT PALM DRIVE
TAMPA, FL 33619 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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: JOE MENNER, EASTMAN
Address: 402 BELLINGTON DRIVE
City-St-Zip: JOHNSON CITY, TN 37615

Title: P () Delete
Name: ARMSTRONG, LAURIE S
Address: 2500 COLOMBIA AVE
City-St-Zip: LANCASTER, PA 17604

Title: VP () Delete
Name: HACKMAN, SCOTT A
Address: 3102 SHAWNEE DR
City-St-Zip: WINCHESTER, VA 37662

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: LORENZI, DANIELLE, BENJAMIN MOORE
Address: 101 PARAGON DRIVE
City-St-Zip: MONTVALE, NJ 07645

Title: P (X) Change () Addition
Name: HACKMAN, SCOTT, AMERICAN WOODM
Address: 3102 SHAWNEE DRIVE
City-St-Zip: WINCHESTER, WV 22601

Title: VP (X) Change () Addition
Name: HEIDEL, PAM, GENERAC POWER
Address: HWY. 59 & HILLSIDE ROAD
City-St-Zip: WAUKESHA, WI 53187

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIELLE LORENZI

T

01/09/2009

Electronic Signature of Signing Officer or Director

Date