

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H81981

FILED
Jan 15, 2009
Secretary of State

Entity Name: INTERLAKE STAMPING OF FLORIDA, INC.

Current Principal Place of Business:

1022 COUNTY LINE RD.
LAKELAND, FL 33815

New Principal Place of Business:

Current Mailing Address:

4732 E. 355TH STREET
WILLOUGHBY, OH 44094

New Mailing Address:

FEI Number: 34-1499434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROENSTEIN, JEFFREY VP
1022 COUNTY LINE ROAD
LAKELAND, FL 33815 US

Name and Address of New Registered Agent:

GROENSTEIN, MARK GM
1022 COUNTY LINE ROAD
LAKELAND, FL 33815 US

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: MARK GROENSTEIN

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: HABE, LISA
Address: 4732 E. 355TH ST
City-St-Zip: WILLOUGHBY, OH 44094

Title: VP () Delete
Name: GROENSTEIN, JEFF
Address: 1022 COUNTY LINE RD.
City-St-Zip: LAKELAND, FL 33815

Title: S () Delete
Name: MORSE-DANN, WENDY
Address: 4732 E. 355TH ST
City-St-Zip: WILLOUGHBY, OH 44094

Title: AS () Delete
Name: ELLIOTT, MICHAEL
Address: 4732 E. 355TH ST
City-St-Zip: WILLOUGHBY, OH 44094

Title: TREA (X) Delete
Name: HABE, LISA
Address: 4732 E 355TH ST
City-St-Zip: WILLOUGHBY, OH 44094

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: MORSE-DANN, WENDY
Address: 4732 E 355TH ST
City-St-Zip: WILLOUGHBY, OH 44094

Title: AS (X) Change () Addition
Name: ELLIOTT, MICHAEL
Address: 4732 E. 355TH ST
City-St-Zip: WILLOUGHBY, OH 44094

Title: TREA (X) Change () Addition
Name: HABE, LISA
Address: 4732 E. 355TH ST
City-St-Zip: WILLOUGHBY, OH 44094

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: LISA HABE

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

Date