

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K20907

FILED  
Mar 15, 2011  
Secretary of State

**Entity Name:** ADHESIVES TECHNOLOGY CORPORATION

**Current Principal Place of Business:**

450 EAST COPANS RD  
POMPANO BEACH, FL 33064 US

**New Principal Place of Business:**

**Current Mailing Address:**

450 EAST COPANS RD  
POMPANO BEACH, FL 33064 US

**New Mailing Address:**

**FEI Number:** 65-0053295      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MCINTYRE, R. HART  
450 EAST COPANS RD  
POMPANO BEACH, FL 33064 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: D  
Name: MCINTYRE, R. HART  
Address: 450 EAST COPANS RD  
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: SD  
Name: SABGA, EMILE  
Address: 450 EAST COPANS RD  
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: D  
Name: STRUL, AUBREY M  
Address: 450 EAST COPANS RD  
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: PT  
Name: PLEBAN, DAVE  
Address: 450 EAST COPANS RD  
City-St-Zip: POMPANO BEACH, FL 33064 US

I hereby 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 all other like empowered.

SIGNATURE: DAVID PLEBAN

P

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date