## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000010076

FILED Feb 19, 2009 Secretary of State

Entity Name: INTERNATIONAL UNION FOR SURFACE FINISHING INC

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	VOOD CIRCLE EE, FL 34744	US		
urrent N	lailing Addres	s:	New Mailing Addres	ss:
	VOOD CIRCLE EE, FL 34744	US		
El Number	: 56-2417730	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
/ITT, TEI	`			
15 HARV	VOOD CIRCLE EE, FL 34744	US		
15 HARV ISSIMME he above	VOOD CIRCLE E, FL 34744		purpose of changing its registere	ed office or registered agent, or both
15 HARV ISSIMME he above	VOOD CIRCLE E, FL 34744 named entity send florida.  RE:	ubmits this statement for the		
15 HARV ISSIMME he above i the State IGNATUI	VOOD CIRCLE E, FL 34744 e named entity se of Florida.  RE: Electron	ubmits this statement for the	ent	Date
15 HARV ISSIMME he above i the State IGNATUI	VOOD CIRCLE E, FL 34744 named entity send florida.  RE:	ubmits this statement for the	ent	
15 HARV ISSIMME he above i the State IGNATUI	P () MASON, B.J. 4656 ADDIRCLE EE, FL 34744  e named entity se of Florida.  Electron	ubmits this statement for the ic Signature of Registered Agrons:	ent	Date
15 HARVISSIMME the above the State IGNATUI  FFICER: ttle: ame: ddress:	P () MASON, B.J. 4656 ADDISCHE	ubmits this statement for the ic Signature of Registered Agrocks: Delete RD. ITS, MD 20743 US Delete PREAS CIRCLE	ent  ADDITIONS/CHANG  Title: Name: Address:	Date SES TO OFFICERS AND DIRECTO

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: TED WITT SECR 02/19/2009