2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008
Secretary of State

DOCUMENT# N07000006368

Entity Name: ALLIANCE FOR FIRE AND SMOKE CONTAINMENT AND CONTROL, INC.

Current Principal Place of Business:

1040 CASUARINA ROAD
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

1040 CASUARINA ROAD
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 65-0983133 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOVELL, VICKIE J
1040 CASUARINA ROAD
DELRAY BEACH, FL 33483 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: P ( ) Delete
Name: LOVELL, VICKIE J
Address: 1040 CASUARINA ROAD
City-St-Zip: DELRAY BEACH, FL 33483

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ED ( ) Change (X) Addition
Name: ASHLEY, MIKE
Address: 4 BROOKHOLLOW ROAD SW
City-St-Zip: ROME, GA 30165

Title: VP ( ) Change (X) Addition
Name: TAGHAR, CHARBEL
Address: 200 EVANS WAY
City-St-Zip: SOMERVILLE, NJ 08876

Title: TRES ( ) Change (X) Addition
Name: HERTZOG, FRANK
Address: 287 N. MAPLE ROAD
City-St-Zip: BOISE, ID 83704

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: MIKE ASHLEY ED 03/20/2008

Electronic Signature of Signing Officer or Director — Date