2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Apr 18, 2007 08:00 A Secretary of State DOCUMENT # P01000121683 1. Entity Name LIBERTY POLYGLAS, INC. Mailing Address Principal Place of Business 1575 LEBANON SCHOOL RD 1575 LEBANON SCHOOL RD **WEST MIFFLIN PA 15122** WEST MIFFLIN PA 15122 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apl. #, etc. 1st MOORE CR2E034 (10/06) Applied For 4. FEI Numbor City & State City & State 26-0005737 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo WORTLEY, BARBARA Street Address (P.O. Box Number is Not Acceptable) 456 ALEXANDER PALM ROAD **BOCA RATON FL 33432** Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and liftein applicable FILE NOW!!! FEE IS \$150.00. alc 9. Electron Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PTS ☐ Change Addition Ш Defete ши WORTLEY, BARBARA NAME NAME 456 ALEXANDER PALM RD STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CRY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete HILL шп WORTLEY, BARBARA NAME 456 ALEXANDER PALM RD STRUCT ADDRESS STRUCT ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP CITY-ST-ZIP - Change Addition mir -□ Dolote VOLZ, GAYLE NAME NAME 3943 DICKEY RD STREET ADDRESS STREET ADDRESS GIBSONIA PA 15044 CITY-ST-7IP CHY-SI-ZIP □ Change ☐ Addition Delete TITLE GRIFFITH, DAVID NAMI 100 WOODLET LANE STREET ADDRESS STRUET ADDRESS BETHEL PARK PA 15102 CITY-ST-ZIP CHY-S1-ZIP U00000715931 04/28/07-80010-@#OnotS@@MMillion ☐ Defete MILE IIIU NAME NAME STREET ADDRESS STREET ADDRESS CHY+SI-ZIP CHY-SI-78 ■ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CHY-SI-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an efficer 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 in Block 10 or Block 11

SIGNATURE:

if changed, or on an attachment with an address, with all other like empowered. Von