

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121683

Entity Name: LIBERTY POLYGLAS, INC.

FILED  
Feb 19, 2009  
Secretary of State

## Current Principal Place of Business:

1575 LEBANON SCHOOL RD  
WEST MIFFLIN, PA 15122

## New Principal Place of Business:

## Current Mailing Address:

1575 LEBANON SCHOOL RD  
WEST MIFFLIN, PA 15122

## New Mailing Address:

FEI Number: 26-0005737

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WORTLEY, BARBARA  
456 ALEXANDER PALM ROAD  
BOCA RATON, FL 33432 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTS ( ) Delete  
Name: WORTLEY, BARBARA  
Address: 456 ALEXANDER PALM RD  
City-St-Zip: BOCA RATON, FL 33432

Title: VPD ( ) Delete  
Name: WORTLEY, BARBARA  
Address: 456 ALEXANDER PALM RD  
City-St-Zip: BOCA RATON, FL 33432

Title: V ( ) Delete  
Name: VOLZ, GAYLE  
Address: 3943 DICKEY RD  
City-St-Zip: GIBSONIA, PA 15044

Title: V ( ) Delete  
Name: GRIFFITH, DAVID  
Address: 100 WOODLET LANE  
City-St-Zip: BETHEL PARK, PA 15102

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: GAYLE VOLZ

V

02/19/2009

Electronic Signature of Signing Officer or Director

Date