

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000087575

Entity Name: JELCON, INC.

FILED
Mar 26, 2009
Secretary of State**Current Principal Place of Business:**115 WEST CHAPEL RIDGE RD.
PITTSBURGH, PA 15238**New Principal Place of Business:**24614 DEER TRACE DR.
PONTE VEDRA, FL 32082 US**Current Mailing Address:**115 WEST CHAPEL RIDGE RD.
PITTSBURGH, PA 15238**New Mailing Address:**24614 DEER TRACE DR.
PONTE VEDRA, FL 32082 US

FEI Number: 41-2054757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:LEONE, JOHN CPA
CORNELIUS, SCHOW, LEONE \$MATTSON, LLC
449 SOUTHSIDE BLVD.
JACKSONVILLE, FL 32216 US**Name and Address of New Registered Agent:**LEONE, JOHN CPA
CORNELIUS, SCHOW, LEONE & MATTSON, LLC
449 SOUTHSIDE BLVD.
JACKSONVILLE, FL 32216 US

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: JOHN LEONE

03/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: LEONE, JAMES E
Address: 115 WEST CHAPEL RIDGE RD
City-St-Zip: PITTSBURGH, PA 15238Title: VP () Delete
Name: LEONE, MARY A
Address: 115 WEST CHAPEL RIDGE RD.
City-St-Zip: PITTSBURGH, PA 15238**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: LEONE, JAMES E
Address: 24614 DEER TRACE DRIVE
City-St-Zip: PONTE VEDRA, FL 32082 USTitle: VP (X) Change () Addition
Name: LEONE, MARY A
Address: 24614 DEER TRACE DR.
City-St-Zip: PONTE VEDRA, FL 32082 US

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: JAMES E. LEONE

PD

03/26/2009

Electronic Signature of Signing Officer or Director

Date