

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02263

FILED
Apr 16, 2008
Secretary of State

Entity Name: VALK MANUFACTURING COMPANY

Current Principal Place of Business:

66 EAST MAIN STREET
NEW KINGSTOWN, PA 170720428 US

New Principal Place of Business:

Current Mailing Address:

66 EAST MAIN STREET
POST OFFICE BOX 428
NEW KINGSTOWN, PA 170720428 US

New Mailing Address:

FEI Number: 23-1399803 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VALK, RICHARD
1330 PARTRIDGE PLACE NORTH
BOYNTON BEACH, FL 33436 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: CD () Delete
Name: VALK, RICHARD P
Address: 66 EAST MAIN STREET
City-St-Zip: NEW KINGSTOWN, PA 170720428

Title: VS () Delete
Name: LANG, ROBERT P
Address: 66 EAST MAIN ST
City-St-Zip: NEW KINGSTOWN, PA 170720428

Title: VTD () Delete
Name: HAY, JAMES F
Address: 66 EAST MAIN STREET
City-St-Zip: NEW KINGSTOWN, PA 170720428

Title: PD () Delete
Name: VALK, TED P
Address: 66 EAST MAIN STREET
City-St-Zip: NEW KINGSTOWN, PA 170720428

Title: PCEO (X) Delete
Name: VALK, TED P
Address: 66 EAST MAIN STREET
City-St-Zip: NEW KINGSTOWN, PA 170720428

Title: CFO (X) Delete
Name: HAY, JAMES F
Address: 66 EAST MAIN STREET
City-St-Zip: NEW KINGSTOWN, PA 170720428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change () Addition
Name: VALK, TED P
Address: 66 EAST MAIN STREET
City-St-Zip: NEW KINGSTOWN, PA 170720428

Title: PCEO (X) Change () Addition
Name: VALK, TED P
Address: 66 EAST MAIN STREET
City-St-Zip: NEW KINGSTOWN, PA 170720428

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: LINDA BASSLER

Electronic Signature of Signing Officer or Director

CONT

04/16/2008

_____ Date