

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04375

FILED
Jan 21, 2009
Secretary of State

Entity Name: VFP FIRE SYSTEMS, INC.

Current Principal Place of Business:

1301 L'ORIENT ST
SAINT PAUL, MN 55117 US

New Principal Place of Business:

301 YORK AVENUE
SAINT PAUL, MN 55130 US

Current Mailing Address:

1301 L'ORIENT ST
SAINT PAUL, MN 55117 US

New Mailing Address:

301 YORK AVENUE
SAINT PAUL, MN 55130 US

FEI Number: 36-1913510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: P () Delete
Name: JOHNSTON, RYAN
Address: 1301 L'ORIENT ST
City-St-Zip: ST. PAUL, MN 55117

Title: T () Delete
Name: KUHA, BRYAN
Address: 1301 L'ORIENT ST
City-St-Zip: ST. PAUL, MN 55117

Title: D () Delete
Name: ANDERSON, L.R.
Address: 2366 ROSE PLACE
City-St-Zip: SAINT PAUL, MN 55113

Title: D () Delete
Name: BEADIE, WILLIAM
Address: 2366 ROSE PLACE
City-St-Zip: SAINT PAUL, MN 55113

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: BRYAN KUHA

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01/21/2009

Electronic Signature of Signing Officer or Director

Date