

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000037537

FILED
Feb 13, 2009
Secretary of State

Entity Name: DELTA INDUSTRIAL (DISC), INC.

Current Principal Place of Business:

1275 SAWGRASS CORP PKWY
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1275 SAWGRASS CORP PKWY
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 20-2459978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS INC
1500 SAN REMO AVE SUITE 125
CORAL GABLES, FL 33146 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: PD () Delete
Name: DEPASS, GEOFFREY S
Address: 1275 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

Title: VSD () Delete
Name: DEPASS, GEOFFREY C
Address: 1275 SAWGRASS CORP. PKWY
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: D () Delete
Name: DEPASS, BRIAN A
Address: 1275 SAWGRASS CORP. PKWY
City-St-Zip: FORT LAUDERDALE, FL 33323

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:

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: GEOFFREY DEPASS

VP

02/13/2009

Electronic Signature of Signing Officer or Director

Date