

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000063279

Entity Name: MATERN SYSTEMS, INC.

FILED  
Jun 18, 2009  
Secretary of State

## Current Principal Place of Business:

130 CANDACE DRIVE  
MAITLAND, FL 32701

## New Principal Place of Business:

## Current Mailing Address:

130 CANDACE DRIVE  
MAITLAND, FL 32701

## New Mailing Address:

FEI Number: 51-0619174

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MATERN, DOUGLAS A  
130 CANDACE DRIVE  
MAITLAND, FL 32701 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MATERN, DOUGLAS A  
Address: 130 CANDACE DRIVE  
City-St-Zip: MAITLAND, FL 32701

Title: D ( ) Delete  
Name: STONE, CHRISTOPHER  
Address: 9304 REDFISH COVE  
City-St-Zip: APOKA, FL 32708 US

Title: D ( ) Delete  
Name: RIVENBARK, RICHARD M  
Address: 403 HERMITAGE DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: D ( ) Delete  
Name: WUKOVICH, TED  
Address: 130 CANDACE DRIVE  
City-St-Zip: MAITLAND, FL 32751 US

Title: D ( ) Delete  
Name: RIVENBARK, SHARON M  
Address: P.O. BOX 941152  
City-St-Zip: MAITLAND, FL 32794 US

## 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:

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: DOUGLAS MATERN

MR

06/18/2009

Electronic Signature of Signing Officer or Director

Date