## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000053100

Entity Name: STEPAN INVESTMENTS, INC.

SMITHFIELD, RI 02917

City-St-Zip:

FILED Jan 13, 2009 Secretary of State

Entity Nar	ne: STEPAN	INVESTMENTS, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
	ET MEADOW LM BEACH, FL						
Current Mailing Address:				New Mailing Address:			
900 DOUG	AXEL STEPAN DOUGLAS PIKE SUITE 100 THFIELD, RI 02917 lumber: 26-2718141 FEI Number Applied For ( ) FEI N				LAS PIKE .D, RI 0291	17	
FEI Number:	26-2718141	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
ONE NOR		SERVICES, INC. STREET SUITE 400 . 33401 US					
The above in the State		submits this statement for the po	urpose o	f changing it	ts registered	d office or registered agent, or both,	
SIGNATUR							
		ic Signature of Registered Age	nt			Date	
Election Can	npaign Financing	rrust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGE	ES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	STEPAN, WALT 8583 EGRET M			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	STEPAN, HEIDI 8583 EGRET M			Title: Name: Address: City-St-Zip:		(X) Change()Addition EIDEMARIE T MEADOW LANE // BEACH, FL 33412	
Title: Name: Address: City-St-Zip:	STEPAN, BETT 8583 EGRET M			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address:	D () STEPAN, AXEL 900 DOUGLAS	Delete PIKE STE 100		Title: Name: Address:	D STEPAN, AX 900 DOUGL	(X) Change()Addition (EL AS PIKE、SUITE 100	

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.

City-St-Zip: SMITHFIELD, RI 02917

SIGNATURE: AXEL STEPAN D 01/13/2009