

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11895

FILED
Apr 15, 2009
Secretary of State

Entity Name: ACRT, INC.

Current Principal Place of Business:

1333 HOME AVENUE
AKRON, OH 44310 US

New Principal Place of Business:

Current Mailing Address:

1333 HOME AVENUE
AKRON, OH 443102512

New Mailing Address:

FEI Number: 34-1462242 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/D () Delete
Name: WEIDNER, MIKE B
Address: 1333 HOME AVENUE
City-St-Zip: AKRON, OH 44310

Title: VP/T () Delete
Name: JONE, TODD
Address: 1333 HOME AVENUE
City-St-Zip: AKRON, OH 44310

Title: DIR () Delete
Name: EVANS, JEFFREY O
Address: 7915 PINE RIDGE AVE NW
City-St-Zip: NORTH CANTON, OH 44720

Title: DIR () Delete
Name: NORTON, RICHARD G
Address: 3916 GOLDEN WOOD WAY
City-St-Zip: UNIONTOWN, OH 44685

Title: DIR (X) Delete
Name: STANTON, THOMAS R
Address: 1135 WEST PARKWAY BLVD
City-St-Zip: AURORA, OH 44202

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: DIR () Change (X) Addition
Name: NEAL, MICHAEL A
Address: 5434 W MICHIGAN AVE
City-St-Zip: GLENDALE, AZ 85308

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: MICHAEL B WEIDNER

P/D

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date