2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13386

Entity Name: SULLAIR CORPORATION

FILED Mar 27, 2008 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:				
	CHIGAN BLVD. CITY, IN 4636							
Current Mailing Address:				New Mailing Address:				
4747 HARRISON AVENUE ROCKFORD, IL 61108				ONE HAMILTON ROAD M/S 1-1-BC18 WINDSOR LOCKS, CT 06096				
FEI Number:	35-1112760	FEI Number Applied For ()	FEI Numb	oer Not Appli	cable ()	Certificate of Status	Desired ()	
Name and Address of Current Registered Agent: Nam					ame and Address of New Registered Agent:			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US 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	<u> </u>			Date		
Election Cam	paign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () E BROOKS, HENR' 3700 E MICHIGA MICHIGAN CITY,	N BLVD	1	Fitle: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	GARDINER, CLIN		1	Fitle: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	ANDERSON, SID ONE HAMILTON		1 4	Fitle: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	LONGO, PETER ONE HAMILTON	Delete ROAD (S, CT 060961010	1	Fitle: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	D () E OSWALD, STEPI ONE HAMILTON WINDSOR LOCK	ROAD	1	Fitle: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	AS ()E HAINES, VICTOR 4747 HARRISON	AVENUE	1	Fitle: Name: Address:	RUA, CHRIST ONE HAMILT			

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: CHRISTINE RUA AS 03/27/2008