

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16612

Entity Name: QUALEX INC.

FILED  
Apr 25, 2011  
Secretary of State

**Current Principal Place of Business:**

4020 STIRRUP CREEK DR  
SUITE 100  
DURHAM, NC 27703 US

**New Principal Place of Business:**

**Current Mailing Address:**

343 STATE ST  
CORPORATE TAX DEPT  
ROCHESTER, NY 146500904 US

**New Mailing Address:**

FEI Number: 16-1306019

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KRUCHTEN, BRAD W  
Address: 343 STATE STREET  
City-St-Zip: ROCHESTER, NY 14650

Title: S  
Name: SELLER, PATRICK M  
Address: 343 STATE STREET  
City-St-Zip: ROCHESTER, NY 14650

Title: V  
Name: CONTI, CRAIG  
Address: 4301 VINELAND RD, SUITE E-8  
City-St-Zip: ORLANDO, FL 32811

Title: P  
Name: BRYANT, JOHN W  
Address: 343 STATE ST  
City-St-Zip: ROCHESTER, NY 14650

Title: T  
Name: LOVE, WILLIAM G  
Address: 343 STATE STREET  
City-St-Zip: ROCHESTER, NY 14650

Title: AS  
Name: WYLIE, SUSAN M  
Address: 343 STATE ST  
City-St-Zip: ROCHESTER, NY 14650

I hereby 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 all other like empowered.

SIGNATURE: PATRICK M. SELLER

S

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date