

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17254

Entity Name: COILFORM COMPANY

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

2571 KANEVILLE COURT
GENEVA, IL 60134

New Principal Place of Business:

Current Mailing Address:

2571 KANEVILLE COURT
GENEVA, IL 60134

New Mailing Address:

FEI Number: 36-2479638

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: PD () Delete
Name: MCFARLANE, R.H.,
Address: 1190 SINGER DR
City-St-Zip: RIVIERA BCH, FL 33404

Title: SVD () Delete
Name: MCFARLANE, G.G.,
Address: PT OF AMERICAS I, 2100 S OCEAN LN, # 1705
City-St-Zip: SAINT CHARLES, IL 60175

Title: SV () Delete
Name: MCFARLANE, MATTHEW S
Address: 39 W 551 WALT WHITMAN RD
City-St-Zip: SAINT CHARLES, IL 60175

Title: D () Delete
Name: BLOOD, C. KENNETH,
Address: 200 WEST RIVER DRIVE
City-St-Zip: SAINT CHARLES, IL 60174

Title: V (X) Delete
Name: KENSETH, RONALD D
Address: 36W074 FIELDCREST
City-St-Zip: SAINT CHARLES, IL 60174

Title: TV () Delete
Name: BRIZUELA, RAUL N
Address: 39 W 716 HENRY DAVID THOREAU PL
City-St-Zip: SAINT CHARLES, IL 60175

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
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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: RAUL N. BRIZUELA

TV

01/08/2009

Electronic Signature of Signing Officer or Director

Date