

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18555

Entity Name: CAPFORM, INC.

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

1455 HALSEY WAY
CARROLLTON, TX 75007 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 111130
CARROLLTON, TX 75011130

New Mailing Address:

FEI Number: 75-1677890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: DOZZO, MARIO
Address: 5100 VERSE VALLEY
City-St-Zip: DALLAS, TX 75240

Title: SD () Delete
Name: DOZZO, DAVID
Address: 3883 TURTLE CRK. #506
City-St-Zip: DALLAS, TX

Title: VPF () Delete
Name: GRIMES, JOHN P
Address: 1455 HALSEY WAY
City-St-Zip: CARROLLTON, TX 75007

Title: VP () Delete
Name: BELLISIMO, TONY
Address: 1455 HALSEY WAY
City-St-Zip: CARROLLTON, TX 75007

Title: VP () Delete
Name: LAFLEUR, LUC
Address: 1455 HALSEY WAY
City-St-Zip: CARROLLTON, TX 75007

Title: VP () Delete
Name: RENAUD, JIM
Address: 1455 HALSEY WAY
City-St-Zip: CARROLLTON, TX 75007

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GRIMES, JOHN P
Address: 1455 HALSEY WAY
City-St-Zip: CARROLLTON, TX 75007

Title: () Change () Addition
Name:
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: JOHN P GRIMES

VP

03/25/2009

Electronic Signature of Signing Officer or Director

Date