## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P19182

FILED Jan 06, 2009 Secretary of State

Entity Name: DAY & ZIMMERMANN INTERNATIONAL, INC.

	Principal Place	of Business:	New Principal Place	of Business:
	ING GARDEN S _PHIA, PA 1913			
Surrent M	Mailing Address	s:	New Mailing Addres	ss:
	ING GARDEN S _PHIA, PA 1913			
El Number	: 23-2449609	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	d Address of Cu	urrent Registered Agent:	Name and Address	of New Registered Agent:
200 SOU LANTAT	PORATION SYS ITH PINE ISLAN ION, FL 33324 e named entity si	ID ROAD US	purpose of changing its registere	ed office or registered agent, or both
the State	e of Florida.			
SIGNATU				
		ic Signature of Registered Ag	ent	Date
lection Ca	mpaign Financing	Trust Fund Contribution ( ).		
FFICER	S AND DIRECT	ORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTO
itle: lame: ddress: :ity-St-Zip:	D () I UCCIFERRO, JC 1500 SPRING G PHILADELPHIA,	ARDEN ST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
itle:		Delete CHAEL J	Title: Name:	( ) Change ( ) Addition
ame: ddress:	MCAREAVY, MIC 300 W VINE ST LEXINGTON, KY	STE 1300	Address: City-St-Zip:	
ame: ddress: ity-St-Zip: tle: ame: ddress:	300 W VINE ST LEXINGTON, KY	STE 1300 / 40507 Delete GARDEN ST	Address:	()Change()Addition
ame: ddress: ity-St-Zip: itte: ame: ddress: ity-St-Zip: itte: ame: ddress: ity-St-Zip: ddress: ity-St-Zip:	300 W VINE ST LEXINGTON, KY S ()I FAST, SCOTT L 1500 SPRING G	STE 1300 / 40507  Delete SARDEN ST PA 19130  Delete	Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition
ame: ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip: itle: ame: ddress:	300 W VINE ST LEXINGTON, KY S ()! FAST, SCOTT L 1500 SPRING G. PHILADELPHIA, VP ()! HIGGINS, DON 125 THE PARKV GREENVILLE, S	STE 1300 / 40507  Delete SARDEN ST PA 19130  Delete  WAY SC 29615  Delete SEPH E SARDEN ST	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	

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: MARY ANN DI MAIO AS 01/06/2009