

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38986

**FILED**  
**Mar 13, 2008**  
**Secretary of State**

**Entity Name:** AMGLO KEMLITE LABORATORIES, INC.

**Current Principal Place of Business:**

8787 ENTERPRISE BLVD.  
LARGO, FL 33773

**New Principal Place of Business:**

**Current Mailing Address:**

215 GATEWAY RD  
BENSENVILLE, IL 60106

**New Mailing Address:**

**FEI Number:** 36-2981045

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HYLAND, JAMES H.  
2940 WEST BAY DRIVE  
UNIT #603  
BELLEAIR BLUFFS, FL 33770 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: VPS ( ) Delete  
Name: VEIGEL, IZABELA  
Address: 1641 SANDY KEU ESTATES CT  
City-St-Zip: CLEARWATER, FL 33767

Title: DT ( ) Delete  
Name: KERCHENFAUT, LARRY A, .  
Address: 6024 SHERMAN DRIVE  
City-St-Zip: WOODRIDGE, IL 60517

Title: CP ( ) Delete  
Name: HYLAND, JAMES H  
Address: 2940 WEST BAY DRIVE UNIT #603  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

**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:

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: CALVIN

CFO

03/13/2008

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

\_\_\_\_\_ Date