2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40533

City-St-Zip:

() Delete

Title:

Name:

Address:

City-St-Zip:

FILED Apr 28, 2009 Secretary of State

Entity Nar	ne: CLASSIC	SOFT TRIM, INC.				•	
Current Principal Place of Business:				New Principal Place of Business:			
1212 EAST AUSTIN, T	FANDERSON X 78752 U	_					
Current Mailing Address:				New Mailing Address:			
PO BOX 14 AUSTIN, T	40949 X 787140949	US					
FEI Number:	76-0281362	FEI Number Applied For ()	FEI Nui	mber Not Appl	icable ()	Certificate of Status Desire	ed ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1200 SOU PLANTATI	ORATION SYS TH PINE ISLAN ON, FL 33324	ND ROAD US		of changing i	to rogiotoro	d office or registered agent	ar bath
	named entity s e of Florida.	submits this statement for tr	ie purpose d	or changing i	ts registere	d office or registered agent,	or both,
SIGNATUR	RE:						
	Electron	ic Signature of Registered	Agent			Date	
Election Car	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () FORRISTER, D 1212 E ANDER: AUSTIN, TX			Title: Name: Address: City-St-Zip:	P FORRISTER 1212 E AND AUSTIN, TX	DERSON LANE	
Title: Name: Address: City-St-Zip:	VPTS () SIMAR, PAUL 1212 E ANDER: AUSTIN, TX 78			Title: Name: Address: City-St-Zip:	S FORRISTER 1212 E AND AUSTIN, TX	DERSON LANE	
Title: Name: Address:	()	Delete		Title: Name: Address:	VP FORRISTER	() Change (X) Addition R, AARON DERSON LANE	

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

AUSTIN, TX 78752

GIENAPP, DAVID

50695 VARSITY CT

WIXOM, MI 48393

() Change (X) Addition

SIGNATURE: DWIGHT FORRISTER P 04/28/2009