

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000056617

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: CORESLAB STRUCTURES (TAMPA) INC.

**Current Principal Place of Business:**

6301 N. 56TH ST.  
TAMPA, FL 33610 US

**New Principal Place of Business:**

**Current Mailing Address:**

6301 N. 56TH ST.  
TAMPA, FL 33610 US

**New Mailing Address:**

FEI Number: 59-3199150      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM  
1200 SOUTH 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: D ( ) Delete  
Name: FRANCIOSA, FRANK  
Address: 332 JONES RD UNIT 1  
City-St-Zip: STONEY CREEK ONTARIO CANADA, L8E 5N2

Title: D ( ) Delete  
Name: FRANCIOSA, MARIO  
Address: 332 JONES RD UNIT 1  
City-St-Zip: STONEY CREEK ONTARIO CANADA, L8E 5N2

Title: D ( ) Delete  
Name: FRANCIOSA, DOMINIC  
Address: 332 JONES RD UNIT 1  
City-St-Zip: STONEY CREEK ONTARIO CANADA, L8E 5N2

Title: D ( ) Delete  
Name: SPIEGEL, SIDNEY  
Address: 332 JONES RD UNIT 1  
City-St-Zip: STONEY CREEK ONTARIO CANADA, L8E 5N2

Title: D ( ) Delete  
Name: SPIEGEL, ROBERT  
Address: 332 JONES RD UNIT 1  
City-St-Zip: STONEY CREEK ONTARIO CANADA, L8E 5N2

Title: O ( ) Delete  
Name: QUINLAN, MICHAEL  
Address: 6301 N. 56TH ST.  
City-St-Zip: TAMPA, FL 33610 US

**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  
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: MICHAEL QUINLAN

GM

02/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date