

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000056617

FILED
Jan 06, 2012
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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL QUINLAN

O

01/06/2012

Electronic Signature of Signing Officer or Director

_____ Date