2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# P94000076404

Entity Name: AIR O QUIP CORP.

Current Principal Place of Business:

250 JASMINE ROAD
CASSELBERRY, FL 32718

New Principal Place of Business:

291 IRIS ROAD
CASSELBERRY, FL 32718

Current Mailing Address:

P.O. BOX 180308
CASSELBERRY, FL 32718

New Mailing Address:

FEI Number: 59-3347980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CADENA, TERESA
250 JASMINE ROAD
CASSELBERRY, FL 32718 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: PD ( ) Delete
Name: BURD, TERRY
Address: 250 JASMINE ROAD
City-St-Zip: CASSELBERRY, FL 32707 US

Title: D (X) Delete
Name: BURD, CAROLINE G
Address: 250 JASMINE RD
City-St-Zip: CASSELBERRY, FL 32707 US

Title: D (X) Delete
Name: BURD, JESSE H
Address: 250 JASMINE ROAD
City-St-Zip: CASSELBERRY, FL 32707 US

Title: SD (X) Delete
Name: CADENA, TERESA A
Address: 250 JASMINE ROAD
City-St-Zip: CASSELBERRY, FL 32707 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:

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: TERRY H BURD PD 01/29/2009

Electronic Signature of Signing Officer or Director — Date