

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000089743

FILED
Apr 14, 2009
Secretary of State

Entity Name: CONTROL CONSULTANTS OF AMERICA INC.

Current Principal Place of Business:

3800 179TH STREET
HAMMOND, IN 46323

New Principal Place of Business:

Current Mailing Address:

1344 5TH AVENUE
PITTSBURGH, PA 15219

New Mailing Address:

FEI Number: 25-1802862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, ROBERT J
5393 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228 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: P () Delete
Name: LEWIS, ROBERT J
Address: 5393 GULF OF MEXICO DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: T () Delete
Name: HENRICH, DONALD
Address: 1344 5TH AVENUE
City-St-Zip: PITTSBURGH, PA 15219

Title: S () Delete
Name: LEWIS, ASHLEY
Address: 1344 5TH AVENUE
City-St-Zip: PITTSBURGH, PA 15219

Title: CEO () Delete
Name: LEWIS, ROBERT J
Address: 5393 GULF OF MEXICO DRIVE
City-St-Zip: LONG BOAT KEY, FL 34228

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: ROBERT J LEWIS

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date