

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000014308

Entity Name: WALKER ZANGER STONEWORKS, INC.

FILED
Mar 18, 2008
Secretary of State

Current Principal Place of Business:

6850 LYONS TECHNOLOGY CIR.
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

Current Mailing Address:

6850 LYONS TECHNOLOGY CIR.
COCONUT CREEK, FL 33073 US

New Mailing Address:

FEI Number: 65-0748499 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OLIVER, KURT R
6850 LYONS TECHNOLOGY CIRCLE
COCONUT CREEK, FL 33073 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/P () Delete
Name: ZANGER, JONATHAN A
Address: 31 WARREN PLACE
City-St-Zip: MT. VERNON, NY 10550 US

Title: D/V/P () Delete
Name: OLIVER, KURT R
Address: 6850 LYONS TECHNOLOGY CIRCLE
City-St-Zip: COCONUT CREEK, FL 33073

Title: VP () Delete
Name: PETROCELLI, PASQUALE A
Address: 13190 TELFAIR AVENUE
City-St-Zip: SYLMAR, CA 91342

Title: T/AS () Delete
Name: OLIVER, KELLI L
Address: 6850 LYONS TECHNOLOGY CIRCLE
City-St-Zip: COCONUT CREEK, FL 33073

Title: S () Delete
Name: ZANGER, LEON
Address: 31 WARREN PLACE
City-St-Zip: MOUNT VERNON, NY 10550 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:

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: KELLI L OLIVER

T AS

03/18/2008

Electronic Signature of Signing Officer or Director

Date