

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000058771

Entity Name: ALIGN-RITE, INC.

FILED  
Apr 13, 2009  
Secretary of State

## Current Principal Place of Business:

2455 PALM BAY RD., NE  
PALM BAY, FL 32905

## New Principal Place of Business:

## Current Mailing Address:

15 SECOR ROAD  
C/O TAX DEPT.  
BROOKFIELD, CT 06804

## New Mailing Address:

FEI Number: 59-3584115      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T 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: CEO ( ) Delete  
Name: MACRICOSTAS, CONSTATINE  
Address: 5509 PENNOCK PT. RD.  
City-St-Zip: JUPITER, FL 33458

Title: VCFO ( ) Delete  
Name: SMITH, SEAN T  
Address: 15 SECOR ROAD  
City-St-Zip: BROOKFIELD, CT 06804

Title: VPT ( ) Delete  
Name: BOVEE, DONNE M  
Address: 15 SECOR ROAD  
City-St-Zip: BROOKFIELD, CT 06804

Title: S ( ) Delete  
Name: BURR, RICHELLE  
Address: 15 SECOR ROAD  
City-St-Zip: BROOKFIELD, CT 06804

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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: VPC ( ) Change (X) Addition  
Name: COLONESE, NICHOLAS N  
Address: 15 SECOR ROAD  
City-St-Zip: BROOKFIELD, CT 06804

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: NICHOLAS COLONESE

VPC

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date