

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000090597

Entity Name: NOVENTIS, INC.

FILED
Sep 01, 2009
Secretary of State

Current Principal Place of Business:

15049 BOTTLEBRUSH RUN
BROOMFIELD, CO 80023

New Principal Place of Business:

3570 JUNIPER HILL ROAD
SNOWMASS VILLAGE, CO 81615

Current Mailing Address:

15049 BOTTLEBRUSH RUN
BROOMFIELD, CO 80023

New Mailing Address:

3570 JUNIPER HILL ROAD
SNOWMASS VILLAGE, CO 81615

FEI Number: 65-0954958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOLK, MICHAEL A CEO
15049 BOTTLEBRUSH RUN
BROOMFIELD, FL 80023 US

Name and Address of New Registered Agent:

LANGE, PETER B CEO
3570 JUNIPER HILL ROAD
SNOWMASS VILLAGE, FL 81615 US

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: PETER B LANGE

09/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VOLK, MICHAEL A
Address: 15049 BOTTLEBRUSH RUN
City-St-Zip: BROOMFIELD, CO 80023

Title: D () Delete
Name: DENOMME, BRIAN
Address: 15658 DORCHESTER CT
City-St-Zip: NORTHVILLE, MI 48168

Title: D () Delete
Name: LANGE, PETER B
Address: PO BOX 6827
City-St-Zip: SNOWMASS VILLAGE, CO 81615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LANGE, PETER B
Address: 3570 JUNIPER HILL ROAD
City-St-Zip: SNOWMASS VILLAGE, CO 81615

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: PETER B LANGE

P

09/01/2009

Electronic Signature of Signing Officer or Director

Date