2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S24960

Name:

Address:

City-St-Zip:

SIQUEIRA, ADNA B

11181 JASMINE HILL CIR

BOCA RATON, FL 33498

Entity Name: ARCH COMPANY, INC

FILED Apr 13, 2009 Secretary of State

| Entity Name: ARCH COMPANY, INC. | | | | |
|---|--|--|--|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | |
| P. O. BOX 812138 BOCA RATON, FL 334812138 US | | | | |
| Current Mailing Address: | | | New Mailing Address: | |
| P.O. BOX BOCA RA | 812138 TON, FL 3348 | 12138 US | | |
| FEI Number: | 65-0237911 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and | Address of C | Surrent Registered Agent: | Name and Address of New Registered Agent: | |
| 11181 JAS BOCA RA | , GIUBERTO (MINE HILL CIF TON, FL 3349 | RCLE 8 US | urnace of changing its registers | d office or registered agent or both |
| | named entity s e of Florida. | submits this statement for the pu | urpose of changing its registered | d office or registered agent, or both, |
| SIGNATUR | | | | |
| Election Car | | ic Signature of Registered Age g Trust Fund Contribution (). | nt | Date |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D () SIQUEIRA, GIU 11181 JASMINI BOCA RATON, | E HILL CIRCLE | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | PVST () SIQUERA, GIUI 11181 JASMINI BOCA RATON, | E HILL CIRCLE | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: | VPDS () | Delete | Title: | () Change () Addition |

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.

Name:

Address:

City-St-Zip:

SIGNATURE: GIUBERTO G. SIQUEIRA PRES 04/13/2009