

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# S96776

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** ELLISON SENSORS, INC.

**Current Principal Place of Business:**

1612 NW BOCA RATON BLVD  
STE 10  
BOCA RATON, FL 33432 US

**New Principal Place of Business:**

**Current Mailing Address:**

1612 NW BOCA RATON BLVD  
STE 10  
BOCA RATON, FL 33432 US

**New Mailing Address:**

**FEI Number:** 65-0310096

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LONDON & ASSOCIATES PA  
4401 N FEDERAL HWY # 202  
BOCA RATON, FL 33431 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ELLISON, ALBERT R  
Address: 5 GREEN PARK  
City-St-Zip: WREXHAM, . LL13 7YE GB

Title: D  
Name: STABEL, PETER  
Address: KEPLERSTRASSE 12-14  
City-St-Zip: BIETIGHEIM-BISSINGEN, .B 74321 DE

Title: PT  
Name: SCHROTH, HARALD  
Address: 803 E.WASHINGTON ST  
City-St-Zip: MEDINA, OH 44256 US

Title: S  
Name: NIETZER, WOLF M PROF.  
Address: ALLEE 40  
City-St-Zip: HEILBRONN, BW 74072 DE

Title: D  
Name: KEMPF, MARCELL  
Address: KEPLERSTRASSE 12-14  
City-St-Zip: BIETIGHEIM-BISSINGEN, BW 74321 DE

I hereby 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 all other like empowered.

SIGNATURE: PROF. WOLF MICHAEL NIETZER

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02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date