

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 842084

FILED
Jan 14, 2009
Secretary of State

Entity Name: LAB-VOLT SYSTEMS, INC.

Current Principal Place of Business:

1710 STATE HIGHWAY 34
ATTN: CHARLES H. BOND
FARMINGDALE, NJ 07727

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 686
ATTN: CHARLES H. BOND
FARMINGDALE, NJ 07727

New Mailing Address:

FEI Number: 21-0415841 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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: D () Delete
Name: SAVINELLI, EMILIO A
Address: 24 MOLLBROOK DR
City-St-Zip: WILTON, CT 06897 US

Title: OD () Delete
Name: SCHLUTER, PETER M
Address: 4 QUAKER LANE
City-St-Zip: LITTLE SILVER, NJ 07727 US

Title: D () Delete
Name: GREENE, JAMES R
Address: 134 BUTTONWOOD DR.
City-St-Zip: FAIR HAVEN, NJ 07704 US

Title: OD () Delete
Name: BOND, CHARLES H
Address: 46-41 BLOOMINGDALE DRIVE
City-St-Zip: HILLSBOROUGH, NJ 08844

Title: D () Delete
Name: HUNTER, GARRETT B
Address: 150 TAMARACK DRIVE
City-St-Zip: E. GREENWICH, RI 02818 US

Title: D () Delete
Name: KETTEMAN, CHARLES H
Address: 2343 WULFERT ROAD
City-St-Zip: SANIBEL ISLAND, FL 33957 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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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: CHARLES H. BOND

OD

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date