

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006440

FILED
Feb 17, 2010
Secretary of State

Entity Name: OHIO WELDED COMPANY

Current Principal Place of Business:

C/O TAX DEPT.
50 BEALE STREET
SAN FRANCISCO, CA 94105

New Principal Place of Business:

Current Mailing Address:

C/O TAX DEPT.
50 BEALE STREET
SAN FRANCISCO, CA 94105

New Mailing Address:

FEI Number: 38-1810693 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: PRES
Name: JACKSON, JAMES T
Address: 50 BEALE STREET
City-St-Zip: SAN FRANCISCO, CA 94105

Title: SY
Name: QUAZZO, MARY W
Address: 50 BEALE STREET
City-St-Zip: SAN FRANCISCO, CA 94105

Title: VP
Name: DESHONG, JOHN K
Address: 50 BEALE STREET
City-St-Zip: SAN FRANCISCO, CA 94105

Title: TRES
Name: LEADER, KEVIN C
Address: 50 BEALE STREET
City-St-Zip: SAN FRANCISCO, CA 94105

Title: AC
Name: RESTIVO, PEGGY H
Address: 50 BEALE STREET
City-St-Zip: SAN FRANCISCO, CA 94105

Title: AS
Name: SCHAFER, KIMBERLEY C
Address: 50 BEALE STREET
City-St-Zip: SAN FRANCISCO, CA 94105

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: PEGGY H. RESTIVO

AC

02/17/2010

Electronic Signature of Signing Officer or Director

_____ Date