

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005400

Entity Name: HAYWARD INDUSTRIES, INC.

FILED
Jan 28, 2009
Secretary of State

Current Principal Place of Business:

620 DIVISION STREET
ELIZABETH, NJ 07201

New Principal Place of Business:

Current Mailing Address:

620 DIVISION STREET
ELIZABETH, NJ 07201

New Mailing Address:

FEI Number: 22-1715653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PD () Delete
Name: DAVIS, ROBERT
Address: 620 DIVISION STREET
City-St-Zip: ELIZABETH, NJ 07201

Title: T () Delete
Name: DIAMOND, ANDREW
Address: 620 DIVISION STREET
City-St-Zip: ELIZABETH, NJ 07201

Title: S () Delete
Name: GLENN, JAMES L
Address: 620 DIVISION STREET
City-St-Zip: ELIZABETH, NJ 07201

Title: CD () Delete
Name: DAVIS, OSCAR
Address: 620 DIVISION STREET
City-St-Zip: ELIZABETH, NJ 07201

Title: D () Delete
Name: LARACY, WARD C
Address: FOUR GATEWAY 100 MULBERRY STREET
City-St-Zip: NEWARK, NJ 07102

Title: V () Delete
Name: WILSON, WAYNE
Address: 620 DIVISION STREET
City-St-Zip: ELIZABETH, NJ 07201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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Address:
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: JAMES L GLENN

S

01/28/2009

Electronic Signature of Signing Officer or Director

Date