

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003239

FILED
Apr 26, 2010
Secretary of State

Entity Name: STOFFEL SEALS CORPORATION

Current Principal Place of Business:

227 N. ARTE 303, UNIT 101
CONGERS, NY 10920

New Principal Place of Business:

227 N. ARTE 303, UNIT 101
CONGERS, NY 10920 US

Current Mailing Address:

P. O. BOX 825
NYACK, NY 109600825

New Mailing Address:

P. O. BOX 825
NYACK, NY 109600825 US

FEI Number: 13-1733147

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: P
Name: ANDERSON, JEROME F
Address: 227 N. ARTE 303, UNIT 101
City-St-Zip: CONGERS, NY 10920

Title: S
Name: NEWHALL, KRISTIN A
Address: 630 5TH AVE., SUITE 2400
City-St-Zip: NEW YORK, NY 10111

Title: VP
Name: JONES, CHRISTOPHER K
Address: 50 PUBLIC SQ, 29TH FLOOR, TERMINAL TOWER C
City-St-Zip: CLEVELAND, OH 44113

Title: T
Name: RATTRAY, ANDREW N
Address: 1 STOFFEL DR.
City-St-Zip: TALLAPOOSA, GA 30176

Title: D
Name: GOLD, DAVID L
Address: 630 5TH AVE., SUITE 2400
City-St-Zip: NEW YORK, NY 10111

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: ANDREW N RATTRAY

T

04/26/2010

Electronic Signature of Signing Officer or Director

_____ Date