

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003239

FILED
Apr 29, 2011
Secretary of State

Entity Name: STOFFEL SEALS CORPORATION

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

P. O. BOX 825
NYACK, NY 109600825 US

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: P
Name: MORTON, IAN
Address: 227 N. RTE 303, UNIT 101
City-St-Zip: CONGERS, NY 10920

Title: S
Name: BALDETTI, PAUL
Address: 227 N. RTE 303, UNIT 101
City-St-Zip: CONGERS, NY 10920

Title: T
Name: HEINEMANN, BRUCE
Address: 227 N. RTE 303, UNIT 101
City-St-Zip: CONGERS, NY 10920

Title: D
Name: CONRADS, ROBERT
Address: 227 N. RTE 303, UNIT 101
City-St-Zip: CONGERS, NY 10920

Title: D
Name: YAMASHITA, KEVIN
Address: 227 N. RTE 303, UNIT 101
City-St-Zip: CONGERS, NY 10920

Title: D
Name: CHEN, WESLEY
Address: 227 N. RTE 303, UNIT 101
City-St-Zip: CONGERS, NY 10920

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: BRUCE HEINEMANN

T

04/29/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date