

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000333

FILED
Feb 19, 2009
Secretary of State

Entity Name: PILLER, INC.

Current Principal Place of Business:

45 TURNER RD
MIDDLETOWN, NY 10941 US

New Principal Place of Business:

45 TURNER DRIVE
MIDDLETOWN, NY 10941 US

Current Mailing Address:

45 TURNER RD
MIDDLETOWN, NY 10941 US

New Mailing Address:

45 TURNER DRIVE
MIDDLETOWN, NY 10941 US

FEI Number: 52-1695869

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: DPT () Delete
Name: BARRON, MICHAEL F
Address: 45 TURNER RD
City-St-Zip: MIDDLETOWN, NY 10941

Title: V () Delete
Name: COLLINS, KEVIN G
Address: 45 TURNER RD
City-St-Zip: MIDDLETOWN, NY 10941

Title: S () Delete
Name: BURAK, KYLE F
Address: 45 TURNER RD
City-St-Zip: MIDDLETOWN, NY 10941

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: BARRON, MICHAEL F
Address: 45 TURNER RD
City-St-Zip: MIDDLETOWN, NY 10941 US

Title: DO (X) Change () Addition
Name: BROTHERTON, JOHN T
Address: 45 TURNER DRIVE
City-St-Zip: MIDDLEWTOWN, NY 10941 US

Title: S (X) Change () Addition
Name: BURAK, KYLE F
Address: 45 TURNER DRIVE
City-St-Zip: MIDDLETOWN, NY 10941 US

Title: D () Change (X) Addition
Name: DYKE, ANDREW C
Address: 45 TURNER DRIVE
City-St-Zip: MIDDLEWTOWN, NY 10941 US

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: JOHN T BROTHERTON

DO

02/19/2009

Electronic Signature of Signing Officer or Director

_____ Date