

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09969

FILED
Feb 22, 2008
Secretary of State

Entity Name: BARNHARDT MANUFACTURING COMPANY

Current Principal Place of Business:

1100 HAWTHORNE LANE
CHARLOTTE, NC 28205

New Principal Place of Business:

Current Mailing Address:

PO BOX 34276
CHARLOTTE, NC 282344276 US

New Mailing Address:

FEI Number: 56-0134380 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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: CH () Delete
Name: BARNHARDT, TOM M III
Address: 600 LLEWELEN PL
City-St-Zip: CHARLOTTE, NC 28207 US

Title: P () Delete
Name: BARNHARDT, T.L.
Address: 4811 HARDIAN DR
City-St-Zip: CHARLOTTE, NC 28211

Title: V () Delete
Name: BARNHARDT, L.B.
Address: 1213 AYLESFORD RD
City-St-Zip: CHARLOTTE, NC

Title: T () Delete
Name: BARNHARDT, R.S.
Address: 4030 HIGH RIDGE RD
City-St-Zip: CHARLOTTE, NC

Title: VP () Delete
Name: FALERO, RALPH J
Address: 1100 HAWTHORNE LN
City-St-Zip: CHARLOTTE, NC 28270

Title: S () Delete
Name: HATLING, L.B.
Address: 915 BRANCHWOOD DR
City-St-Zip: CHARLOTTE, NC 28270

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: RALPH J. FALERO

VP

02/22/2008

Electronic Signature of Signing Officer or Director

_____ Date