

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16612

Entity Name: QUALEX INC.

FILED
Apr 22, 2010
Secretary of State

Current Principal Place of Business:

3414 N. DUKE ST
DURHAM, NC 27704 US

New Principal Place of Business:

4020 STIRRUP CREEK DR
SUITE 100
DURHAM, NC 27703 US

Current Mailing Address:

343 STATE ST
CORPORATE TAX DEPT
ROCHESTER, NY 146500904 US

New Mailing Address:

FEI Number: 16-1306019 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: D
Name: KRUCHTEN, BRAD W
Address: 343 STATE STREET
City-St-Zip: ROCHESTER, NY 14650

Title: S
Name: SHELLER, PATRICK M
Address: 343 STATE STREET
City-St-Zip: ROCHESTER, NY 14650

Title: V
Name: CONTI, CRAIG
Address: 4301 VINELAND RD, SUITE E-8
City-St-Zip: ORLANDO, FL 32811

Title: P
Name: BRYANT, JOHN W
Address: 343 STATE ST
City-St-Zip: ROCHESTER, NY 14650

Title: T
Name: LOVE, WILLIAM G
Address: 343 STATE STREET
City-St-Zip: ROCHESTER, NY 14650

Title: AS
Name: WYLIE, SUSAN M
Address: 343 STATE ST
City-St-Zip: ROCHESTER, NY 14650

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: PATRICK M. SHELLER

S

04/22/2010

Electronic Signature of Signing Officer or Director

_____ Date