

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005006

FILED
Apr 28, 2009
Secretary of State

Entity Name: M.G.S. MANUFACTURING INC.

Current Principal Place of Business:

122 OTIS STREET
ROME, NY 13441

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 4259
ROME, NY 134424259

New Mailing Address:

FEI Number: 16-0962284 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PCEO () Delete
Name: JOHNSON, ROBERT D
Address: 20 MARINER BEACH LANE
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: JOHNSON, ROBERT D
Address: 20 MARINER BEACH LANE
City-St-Zip: VERO BEACH, FL 32963

Title: VCOO () Delete
Name: STEPHAN, SCOTT W
Address: 122 OTIS STREET
City-St-Zip: ROME, NY 13441

Title: ASD () Delete
Name: STEPHAN, SCOTT W
Address: 122 OTIS STREET
City-St-Zip: ROME, NY 13441

Title: STD () Delete
Name: GROW, DAVID C
Address: 301 N. WASHINGTON STREET
City-St-Zip: ROME, NY 13440

Title: VD () Delete
Name: GURECKI, WILLIAM A
Address: 122 OTIS STREET
City-St-Zip: ROME, NY 13441

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:

Title: () Change () Addition
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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: SCOTT W. STEPHAN

Electronic Signature of Signing Officer or Director

VCOO

04/28/2009

_____ Date