

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 201

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G. L. 7-1.2-1501(e), each contouration failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is

subject to a penalty fee of \$25.00.					
1. Corporate ID No. 2. Name of Corporation FKI Industries, Inc.					
			College Park	State GA	^{Zip} 30337
4. Business Phone No. (404) 941-2100		5. State of Incorporation NEW York	.		
6. Brief Description of the Character o	f Business Conducted in Rh	oode Island			
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) TILL IN SPACE Vice President Name	S BEFORE USING ATT	ACHMENTS
Jim Slattery			Matt Nozemack		
2077 Convention Center Concourse Suiter5			2077 Convention Center Concourse Suite 175		
College Park	State GA	²¹ 3 0331	College Park	State GA	^{zip} 3 0337
Secretary Name Matt Nozemac	<u>K</u>		Treasurer Name		
2077 Convention Center Concourse Suite 175			Street Address		
College Park	State	^{zip} 30337	City	State	Zip
			Director Name		
Jim Slattery Street Address			Matt Nozemack Street Address		
2077 Convention Center Concaurse Swite 175			2017 Convention Center Concourse Suite 175		
"Odlege Park	State	^{7®} 30331	College Park	State GA	30337
Gary Barnes			Director Name		
Cr	Center Cono	ourse Suite 175	Street Address		
College Park	State	^{Zip} 30337	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently	of record in the Offic	ce of the Secretary of	Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			23,645,876	Common	\$0.10
			: ."		
This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					

File Date	FILED +
Check No.	NOV 1 4 2011
By: _5Y	3/37
FOI	R SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affin	m that I have examined this report,
including any accompanying schedules and	statements, and that all statements
contained herein are true and correct.	
March	11/2/2011
Signature	Date
Matt Nozemack	
Print or Type Name	
Vice President	
Title	
	Form 630 Rev. 08/08