



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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** 2009

**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 corporation 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. <u>23247</u>		2. Name of Corporation <u>SGS AUTOMOTIVE SERVICES INC.</u>			
3. Street Address Principal Business Office <u>201 ROUTE 17 NORTH</u>			City <u>RUTHERFORD</u>	State <u>NJ</u>	Zip <u>07070</u>
4. Business Phone No. <u>201-508-3000</u>		5. State of Incorporation <u>DE</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island <u>SURVEY - AUTOMOTIVE INDUSTRY</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>JEFFREY McDONALD</u>			Vice President Name <u>MICHAEL MCGEE</u>		
Street Address <u>201 ROUTE 17 NORTH</u>			Street Address <u>650 NORTHLAND BLVD</u>		
City <u>RUTHERFORD</u>	State <u>NJ</u>	Zip <u>07070</u>	City <u>CINCINNATI</u>	State <u>OH</u>	Zip <u>45240</u>
Secretary Name <u>STEVEN DOLBY</u>			Treasurer Name <u>PETER ENDER</u>		
Street Address <u>201 ROUTE 17 NORTH</u>			Street Address <u>201 ROUTE 17 NORTH</u>		
City <u>RUTHERFORD</u>	State <u>NJ</u>	Zip <u>07070</u>	City <u>RUTHERFORD</u>	State <u>NJ</u>	Zip <u>07070</u>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>JEFFREY McDONALD</u>			Director Name		
Street Address <u>201 ROUTE 17 NORTH</u>			Street Address		
City <u>RUTHERFORD</u>	State <u>NJ</u>	Zip <u>07070</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED <u>100</u>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.  <u>100</u>			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares <u>100</u>	Class/Series <u>COMMON</u>	Par Value <u>\$5</u>

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 3-16-09  
Check No. 150008516  
By: MMC  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  
Signature Peter A. Ender Date 3/5/09  
Print or Type Name  
TREASURER  
Title