

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 845591

FILED
Apr 22, 2009
Secretary of State

Entity Name: GRANDE CHEESE COMPANY

Current Principal Place of Business:

DAIRY RD
BROWNSVILLE, WI 530060067 US

New Principal Place of Business:

Current Mailing Address:

DAIRY RD
BROWNSVILLE, WI 530060067 US

New Mailing Address:

FEI Number: 39-0867071 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 () Delete
Name: CANDELA, JOHN
Address: DAIRY ROAD
City-St-Zip: BROWNSVILLE, WI 530060067

Title: VP () Delete
Name: THOMPSON, DARRYL
Address: DAIRY ROAD
City-St-Zip: BROWNSVILLE, WI 530060067

Title: VTD () Delete
Name: KOSS, TODD H
Address: DAIRY ROAD
City-St-Zip: BROWNSVILLE, WI 530060067

Title: PD () Delete
Name: MATZKE, WAYNE
Address: DAIRY RD
City-St-Zip: BROWNSVILLE, WI 530060067

Title: VD () Delete
Name: HILKE, JOSEPH
Address: DAIRY RD
City-St-Zip: BROWNSVILLE, WI 530060067

Title: VP () Delete
Name: EVERSON, TOM DR
Address: DAIRY RD
City-St-Zip: BROWNSVILLE, WI 530060067

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
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KONDO, JEFFREY DR
Address: DAIRY RD
City-St-Zip: BROWNSVILLE, WI 530060067

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: TODD H. KOSS

VP

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date