

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 853174

Entity Name: COGUN, INC.

FILED
Feb 09, 2009
Secretary of State

Current Principal Place of Business:

11369 MARKET STREET
NORTH LIMA, OH 44452

New Principal Place of Business:

Current Mailing Address:

COGUN INC.
PO BOX 704
NORTH LIMA, OH 44452

New Mailing Address:

FEI Number: 34-1056830

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: V () Delete
Name: COUCHENOUR, PATRICIA A V. PRES
Address: 13422 SOUTH AVE EXT
City-St-Zip: COLUMBIANNA, OH 44408 US

Title: PD () Delete
Name: COUCHNENOUR, WILLIAM L PRES.
Address: 330 TERRA VERDE
City-St-Zip: COLUMBIANNA, OH 44408 US

Title: SD () Delete
Name: COUCHENOUR, SCOTT A SECTY.
Address: 12105 GREEN BEAVER RD
City-St-Zip: SALEM, OH 44460 US

Title: D () Delete
Name: COUCHENOUR, JAMES R DIRECT.
Address: 13422 SOUTH AVE. EXT.
City-St-Zip: COLUMBIANA, OHIO, OH 44408 US

Title: TD () Delete
Name: SCOTT, PETER R TREAS.
Address: 3951 LINDA WAY
City-St-Zip: NEW WATERFORD, OH 44445 US

Title: D () Delete
Name: COUCHENOUR, JAMES R
Address: 13430 SOUTH AVE. EXT.
City-St-Zip: COLUMBIANA, OH 44408 US

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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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 A. COUCHENOUR

SECT

02/09/2009

Electronic Signature of Signing Officer or Director

Date