

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007805

FILED
Apr 07, 2010
Secretary of State

Entity Name: MEDTEC AMBULANCE CORPORTION

Current Principal Place of Business:

2429 LINCOLN WAY EAST
GOSHEN, IN 465269292

New Principal Place of Business:

Current Mailing Address:

2429 LINCOLN WAY EAST
GOSHEN, IN 465269292

New Mailing Address:

FEI Number: 35-1570451 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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: EVPS
Name: BLANKFIELD, BRYAN J
Address: 2307 OREGON STREET
City-St-Zip: OSHKOSH, WI 54902

Title: DCOO
Name: SZEWS, CHARLES L
Address: 2307 OREGON STREET
City-St-Zip: OSHKOSH, WI 54902

Title: P
Name: JONES, WILSON R
Address: 2600 AMERICAN DRIVE
City-St-Zip: APPLETON, WI 54913

Title: DCFO
Name: SAGEHORN, DAVID M
Address: 2307 OREGON STREET
City-St-Zip: OSHKOSH, WI 54902

Title: EVP
Name: ROHRKASTE, MICHAEL K
Address: 2307 OREGON STREET
City-St-Zip: OSHKOSH, WI 54902

Title: VPT
Name: GRENNIER, R. SCOTT
Address: 2307 OREGON STREET
City-St-Zip: OSHKOSH, WI 54902

I hereby 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 all other like empowered.

SIGNATURE: BRYAN J. BLANKFIELD

SEC

04/07/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date