

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001346

FILED
Apr 24, 2006
Secretary of State

Entity Name: SAUDER MANUFACTURING CO.

Current Principal Place of Business:

930 W BARRE RD
ARCHBOLD, OH 43502 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 230
ARCHBOLD, OH 43502 US

New Mailing Address:

FEI Number: 34-4407705 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRABER, DOUGLAS
1752 APEX ROAD
SARASOTA, FL 34240 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: PD () Delete
Name: MILLER, VIRGIL
Address: 22494 COUNTY ROAD B
City-St-Zip: ARCHBOLD, OH 43502

Title: VC () Delete
Name: SAUDER, MAYNARD
Address: 3515 WESTWOOD DRIVE
City-St-Zip: ARCHBOLD, OH 43502

Title: TDS () Delete
Name: BORTON, RONALD E
Address: 3 MONTEREY COURT
City-St-Zip: ARCHBOLD, OH 43502

Title: D () Delete
Name: SAUDER, MYRL
Address: 3411 COUNTY ROAD 20
City-St-Zip: ARCHOLD, OH 43502

Title: D () Delete
Name: SAUDER, KEVIN
Address: 26505 CO RD F
City-St-Zip: ARCHBOLD, OH 43502

Title: D () Delete
Name: MOSHIER, ARNOLD
Address: 109 QUAIL RUN
City-St-Zip: ARCHBOLD, OH 43502

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CH (X) Change () Addition
Name: MILLER, VIRGIL
Address: 22494 COUNTY ROAD B
City-St-Zip: ARCHBOLD, OH 43502

Title: D (X) Change () Addition
Name: SAUDER, MAYNARD
Address: 3515 WESTWOOD DRIVE
City-St-Zip: ARCHBOLD, OH 43502

Title: TDS (X) Change () Addition
Name: BORTON, RONALD E
Address: 312 NORTHPOINTE DRIVE
City-St-Zip: ARCHBOLD, OH 43502

Title: D (X) Change () Addition
Name: SAUDER, DAN
Address: 3411 COUNTY ROAD 20
City-St-Zip: ARCHOLD, OH 43502

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 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: WILLIAM OGDEN

_____ Electronic Signature of Signing Officer or Director

VP

04/24/2006

_____ Date