

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F98000000468

FILED
Jan 14, 2003
Secretary of State

Entity Name: THERMWOOD CORPORATION

Current Principal Place of Business:

904 BUFFALOVILLE RD
DALE, IN 47523

New Principal Place of Business:

Current Mailing Address:

PO BOX 463
DALE, IN 475230436

New Mailing Address:

FEI Number: 35-1169185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INC
1000 WEST AVENUE
NO. 1114
MIAMI BEACH, FL 331390000 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: CEOD () Delete
Name: SUSNJARA, KENNETH J MR.
Address: 26872 CHAPLIN RD.
City-St-Zip: BIRDSEYE, IN 47513

Title: SD () Delete
Name: SUSNJARA, LINDA MRS.
Address: 26872 CHAPLIN RD.
City-St-Zip: BIRDSEYE, IN 47513

Title: V () Delete
Name: HARDESTY, MICHAEL P MR.
Address: 904 BUFFALOVILLE RD
City-St-Zip: DALE, IN 47523

Title: T () Delete
Name: FULLER, REBECCA
Address: 904 BUFFALOVILLE RD
City-St-Zip: DALE, IN 47523

Title: D () Delete
Name: SUSNJARA, JASON MR.
Address: 801 W. MELCHIOR DR.
City-St-Zip: SANTA CLAUS, IN 47579

Title: D () Delete
Name: SUSNJARA, JENNIFER MS.
Address: 904 BUFFALOVILLE RD
City-St-Zip: DALE, IN 47523

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: () 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 Section 119.07(3)(i), 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: DAVID HILDENBRAND

P

01/14/2003

Electronic Signature of Signing Officer or Director

_____ Date

DAVID HILDENBRAND
P. O. BOX 436
904 BUFFALOVILLE RD.
DALE, IN 47523