

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005193

Entity Name: MILBANK MANUFACTURING CO.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

4801 DERAMUS AVE.
KANSAS CITY, MO 641209990

New Principal Place of Business:

Current Mailing Address:

4801 DERAMUS AVE.
KANSAS CITY, MO 641209990

New Mailing Address:

FEI Number: 44-0542075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, STE. 4
WESTON, FL 33331 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: WALDROP, ROBERT F II
Address: 12824 CATALINA
City-St-Zip: LEAWOOD, KS 66209

Title: D () Delete
Name: HENKE, KATRINA A
Address: 9908 NW 75TH TERRACE
City-St-Zip: WEATHERBY LAKE, MO 64152

Title: S () Delete
Name: TAYLOR, CINDY L
Address: 9005 NE 95TH STREET
City-St-Zip: KANSAS CITY, MO 64157

Title: T () Delete
Name: FITTS, JAMES A
Address: 4220 NE 61ST PLACE
City-St-Zip: KANSAS CITY, MO 64119

Title: P () Delete
Name: WINKLER, LAVON R
Address: 2585 SE 240TH ST
City-St-Zip: LATHROP, MO 64465

Title: V () Delete
Name: KRICHBAUM, ERIC M
Address: 7731 N. KANSAS AVE
City-St-Zip: KANSAS CITY, MO 64119

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 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: CINDY L. TAYLOR

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04/14/2009

Electronic Signature of Signing Officer or Director

Date