

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13935

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: NORTHERN CLEARING, INC.

**Current Principal Place of Business:**

1805 MAIN ST W  
ASHLAND, WI 54806 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 654  
ASHLAND, WI 54806

**New Mailing Address:**

1805 MAIN ST W  
ASHLAND, WI 54806 US

FEI Number: 39-1078041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
STE. 105  
TALLAHASSEE, FL 32301 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: VERNON, RICHARD  
Address: 1805 MAIN ST W  
City-St-Zip: ASHLAND, WI 54806 US

Title: VD ( ) Delete  
Name: VERNON, CRAIG  
Address: 1805 MAIN ST W  
City-St-Zip: ASHLAND, WI 54806 US

Title: D ( ) Delete  
Name: VERNON, GEORGE O.  
Address: 1805 MAIN ST W  
City-St-Zip: ASHLAND, WI 54806 US

Title: VD ( ) Delete  
Name: VERNON, TODD  
Address: 1805 MAIN ST W  
City-St-Zip: ASHLAND, WI 54806 US

Title: S ( ) Delete  
Name: BELANGER, LOIS  
Address: 1805 MAIN ST W  
City-St-Zip: ASHLAND, WI 54806 US

Title: T ( ) Delete  
Name: MILANOWSKI, KRISTIE  
Address: 1805 MAIN ST W  
City-St-Zip: ASHLAND, WI 54806 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  
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: KRISTIE MILANOWSKI

TREA

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date