

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13935

FILED  
Apr 26, 2012  
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:**

1805 MAIN ST W  
ASHLAND, WI 54806 US

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: VERNON, RICHARD  
Address: 1805 MAIN ST W  
City-St-Zip: ASHLAND, WI 54806 US

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

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

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

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

Title: VT  
Name: MILANOWSKI, KRISTIE  
Address: 1805 MAIN ST W  
City-St-Zip: ASHLAND, WI 54806 US

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: KRISTIE MILANOWSKI

VT

04/26/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date