

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29763

FILED
Apr 24, 2006
Secretary of State

Entity Name: SCHAFER SYSTEMS INC.

Current Principal Place of Business:

1000 FLAG RD
ADAIR, IA 50002

New Principal Place of Business:

Current Mailing Address:

1000 FLAG RD
ADAIR, IA 50002 US

New Mailing Address:

FEI Number: 20-0447405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 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: P () Delete
Name: DOWNEY, J. MICHAEL
Address: 1725 NW 103RD STREET
City-St-Zip: CLIVE, IA 50325

Title: VPO () Delete
Name: WORTH, JOHN
Address: 801 HAZEL
City-St-Zip: ATLANTIC, IA 50022

Title: VFST () Delete
Name: ROBERTS, DIANE
Address: 304 GUTHRIE STREET
City-St-Zip: ADAIR, IA 50002

Title: VEPD (X) Delete
Name: GRUHN, RYAN
Address: 906 SPRUCE ST
City-St-Zip: ATLANTIC, IA 50022

Title: VPHR () Delete
Name: BESCHORNER, ROBERTA
Address: 604 PIONEER AVE
City-St-Zip: WIOTA, IA 50274

Title: DIR () Delete
Name: ROSS, JIM
Address: 1000 FLAG ROAD
City-St-Zip: ADAIR, IA 50002

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
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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 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: DIANE ROBERTS

VFST

04/24/2006

Electronic Signature of Signing Officer or Director

Date