

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35316

FILED
Apr 24, 2008
Secretary of State

Entity Name: THE KNAPHEIDE MFG. CO.

Current Principal Place of Business:

1848 WESTPHALIA STRASSE
QUINCY, IL 62301 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7140
QUINCY, IL 62305 US

New Mailing Address:

FEI Number: 37-0368620 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, SUITE 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: DCP () Delete
Name: KNAPHEIDE, H W III
Address: 1848 WESTPHALIA STRASSE
City-St-Zip: QUINCY, IL 62305

Title: D () Delete
Name: COX, ARTHUR C JR.
Address: 1848 WESTPHALIA STRASSE
City-St-Zip: QUINCY, IL 62305

Title: D () Delete
Name: KNAPHEIDE, H W IV
Address: 1848 WESTPHALIA STRASSE
City-St-Zip: QUINCY, IL 62305

Title: STV () Delete
Name: OVERHOLSER, ROBERT F
Address: 1848 WESTPHALIA STRASSE
City-St-Zip: QUINCY, IL 62305

Title: V () Delete
Name: MARCIONETTI, HAROLD E
Address: 1848 WESTPHALIA STRASSE
City-St-Zip: QUINCY, IL 62305

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:

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: ROBERT F OVERHOLSER

STV

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date